

Alaska Laborers Trust Funds

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Administered by
Labor Trust Services, Inc.

LEAVE OF ABSENCE FORM

Please print or type the following information:

Name (<i>Last, First, Middle Initial</i>)		Social Security Number	
Mailing Address (<i>Street or P.O. Box, City, State, Zip</i>)		()	()
Union Local No.	Birth Date (<i>MM/DD/YYYY</i>)	Home Phone No.	Cell Phone No.
Email Address			

I wish to make an application for a Leave of Absence for the period _____ through _____.

Comments - If more than one continuous period of time is involved, please indicate the other period(s) in this section.

Please check one: Military Service Disability Other

Definition of Leave of Absence

Your termination may be postponed if you are absent from work for at least six months in a Plan Year for one of the following reasons:

- a) Your absence was due to one voluntary enlistment or any period of conscription in the Armed Forces of the United States; or
- b) Your absence was due to an illness or injury which prevented you from working at least 6 consecutive months in a Plan Year. This absence cannot be longer than two years. You must give the Board of Trustees satisfactory proof of your illness. The illness or injury cannot be self-inflicted; or
- c) Your absence was for six or more consecutive months due to a leave approved by the Board of Trustees; or
- d) Your absence was because you were working six or more consecutive months for an Employer under a Labor Agreement between the Employer and a participating Local Union that does not require contributions to this Trust.