

# Alaska Laborers-Employers Retirement Trust Fund

P.O. Box 34203 • Seattle, WA 98124 Phone

(855) 815-2323 • Fax (206) 695-0984

Website: [www.aklaborerstrust.com](http://www.aklaborerstrust.com)

Administered by WPAS, Inc.

## LEAVE OF ABSENCE FORM

Please print or type the following information:

Name (Last, First, Middle Initial)			Social Security Number
Mailing Address (Street or P.O. Box, City, State, Zip)			
		( )	( )
Union Local No.	Birth Date (MM/DD/YYYY)	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:

- Your absence was due to one voluntary enlistment or any period of conscription in the Armed Forces of the United States; or
- 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
- Your absence was for six or more consecutive months due to a leave approved by the Board of Trustees; or
- 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.