

UNIVERSITY OF ALASKA
UAFT DISABILITY LEAVE BANK
APPLICATION FOR WITHDRAWAL

Campus		TKL
Last Name	First Name	Initial
Employee_ID		

Article 8.5 UAFT Collective Bargaining Agreement

Number of Disability Leave days requested: _____

Total may not exceed 90 days (720 hours) for any one disability or complications therefrom

Nature of illness: _____

I certify that I am currently in the bargaining unit represented by UAFT, and that the above request will not exceed the maximum withdrawal of 90 days (720 hours) for this illness or complications therefrom.

 Faculty member's signature

 Date

Submit this form to the Regional Personnel Office

Regional Personnel Office Use only

Last full day of sick leave: _____ (date)

Disability Leave Bank usage begins on: _____ (date)

 Regional Personnel Office

 Date

Regional Payroll Office Use only

Payroll Period End	Hours		Balance
	Available	Used	

Payroll Period End	DLB		Balance
	Hours	Total Used ²	

Original: Regional Payroll Medical Records File
 Copies: Regional Personnel Medical Records File
 Statewide Labor Relations, Fairbanks Office
 Faculty Member