

Alaska Public Employees Association-AFT

211 4th Street, Suite 306

Juneau, AK 99801



Dear CEA Bargaining Unit Member,

It has come to our attention that you may qualify to receive paid hours from the CEA Catastrophic Leave Bank for your family medical leave act (FMLA) matter. This benefit was negotiated into your CEA Collective Bargaining Agreement with the State. This is a bank of hours created by medical leave bank balances when leave changed from Annual-Sick to Personal several years ago. The Catastrophic Leave Bank continues to receive contributions by CEA members who still have a balance in their medical leave bank upon separation from the State.

To apply for hours from the CEA Catastrophic Leave Bank, you must complete the attached request form. If you meet all the criteria on the form, the requested hours will begin to replace any leave without pay (LWOP) after all personal leave and leave donations are exhausted.

Once your form is complete and has been signed by your physician, return it to our office. We will review it and submit it to the Department of Administration for authorization and processing. We must receive and review your form prior to the last day of the pay period for which LWOP needs to be covered.

Please return your form to the Juneau Headquarters office or scan it to:

apeaadmin@apea-aft.org

Thank you.

APEA-AFT Accounting

Phone: (907) 586-2334

Direct: (907) 586-9855

Web: www.apea-aft.org

Fax: (907) 586-5905

Free: (800) 478-9991

Email: apeaadmin@apea-aft.org

REQUEST FOR USAGE OF CEA CATASTROPHIC LEAVE BANK

I understand that my request for usage of this leave bank may only be made if I, or an immediate family member*, have a serious health condition, as defined under FMLA/AFLA, and that I have met the following conditions:

- a. Have exhausted all accrued and donated leave.
- b. Absence has been for no less than 30 consecutive days.
- c. Have been a **CEA** member for no less than six (6) months preceding this request.
- d. My request for catastrophic leave will not exceed 37.5 hours in a leave year.
- e. Have not utilized catastrophic leave in the proceeding twelve (12) months.
- f. I authorize my health care provider to provide the medical information requested on this form.
- g. Have certified that the person listed on this document is self or an immediate family member.

Requested starting date: _____. I understand cat leave is not applied retroactively and will be applied to the pay period in which the request is received.

Name of person with serious health condition: _____

Employee Name (please print)	Employee ID	Dept.	Date
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The above-mentioned employee or the immediate family member qualifies as having a serious health condition as defined under the Family Medical Leave Act/AFLA. As a result of this serious health condition, the employee is expected to be absent from work starting on _____ for _____ days for self-care or to provide care to the immediate family member. If the absence will be intermittent, describe the anticipated absences.

Signature of Health Care Provider	Clinic or Health Care Facility	Date
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Printed name	Contact Phone Number
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*Immediate family member refers to: a child (biological, adopted, foster, step, legal ward, minor or adult), parent (biological or loco parentis), spouse, or domestic partner.

Please return this form to Alaska Public Employees Association-AFT:

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Email: apeadmin@apea-aft.org
Mail: 211 4th Street, Suite 306
Juneau, AK 99801



Serious Health Condition means: an illness, injury, impairment, or physical or mental condition that involves one or more of the following:

1. **Hospital care** – Inpatient care (overnight stay) in a hospital, hospice, or residential medical facility, including periods of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. **Pregnancy** – any period of incapacity due to pregnancy or for prenatal care.
3. **Absence plus treatment*** – a period of incapacity of more than three consecutive days that included, a) treatment two or more times by a health care provider, b) treatment by a health care provider on one occasion which resulted in a supervised treatment regimen.
4. **Chronic condition requiring treatment*** – a condition that continues over an extended period of time and results in episodic absences which require periodic visits for treatment from a health care provider (including nurse or physician's assistant). Examples: Diabetes, asthma.
5. **Permanent/long-term condition requiring supervision** – a condition that results in periods of incapacity for which treatment may not be ongoing. Examples: Alzheimer's, terminal stages of a disease.
6. **Multiple treatments *(non-chronic)** – a condition that requires multiple treatments after an accident or injury, or for a condition that would likely result in a period of incapacity of more than three days without medical intervention. Example: Re-constructive surgery, physical therapy, radiation, etc.

*Treatment includes examination to determine if a serious health condition exists and evaluation of the condition. A regimen of continuing treatment includes, for example, a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition.

Treatment does not include routine physical examinations, eye examinations, or dental examinations. A regimen of treatment does not include any similar activity that can be initiated without a visit to a health care provider.

CEA – Catastrophic Leave Bank

Upon separation (except through death) from State service, half of an employee's medical leave balance shall be transferred to the CEA Catastrophic Medical Leave Bank.

1. Use of catastrophic leave for a CEA member will be approved in accordance with the conditions identified on the request form and will be approved on a "first come, first serve" basis by an officer of the Executive Board.
2. The approving officer shall advise the Director of the Division of Personnel of a bargaining unit member's leave approval and the number of hours to withdraw from the CEA Catastrophic Medical Leave Bank.