STATE OF ALASKA
Seasonal Employee Leave Retention Form (GGU/LTC/SU)

Contractual language provides an employee being placed on seasonal leave without pay (GGU/SU)/ seasonal layoff (LTC), the option to retain a portion of their personal/annual leave balance for future use. **NOTE: To elect to retain personal/annual leave hours, an employee must complete this form and submit to the Payroll Services section in the Division of Personnel & Labor Relations with SLWOP/layoff paperwork. *Seasonal employees will automatically receive payment for their personal/annual leave balance, if this form is not completed and submitted timely to the payroll office.***

The following employee has been placed on SLWOP/Layoff:

EMPLOYEE NAME: _____ Employee ID:_____

SLWOP Effective Date: _____PCN: _____

☐ For seasonal **GGU** employees accruing **personal leave** (Contract Art 11.05):

Employee's statement: I wish to retain

☐ **ALL** hours of my personal leave balance, or

☐ _____ hours of personal leave. I understand any additional personal leave will be cashed out as a lump sum.

_____

Employee Signature Date

☐ For seasonal **GGU** employees accruing **annual leave** (Contract Art 11.05):

OR

☐ For seasonal **SU** employees (Contract Art 29.12):

This employee is scheduled to return in

☐ (GGU) more than 30 consecutive days.

☐ (SU) more than 45 consecutive days.

Supervisor's signature:

_____

Comments:

Employee's statement: I wish to retain _____ hours of my annual/personal leave balance. I understand that I may retain **up to 187.5** hours of my annual/personal balance and any additional annual/personal leave will be cashed out as a lump sum.

_____

Employee Signature Date

This employee is scheduled to return in

☐ (GGU) 30 consecutive days or less, date: _____

☐ (SU) 45 consecutive days or less, date: _____

Supervisor's signature:

_____

Comments:

Employee's statement: I wish to retain

☐ **ALL** of my annual/personal leave balance, or:

☐ _____ hours of annual/personal. I understand any additional annual/personal leave will be cashed out as a lump sum.

_____

Employee Signature Date

For seasonal **LTC** employees (Contract Art 19.05):

Employee's Statement: I wish to retain _____ hours of my personal leave balance. I understand that I may retain **up to 150** hours of my personal leave balance and any additional personal leave will be paid in a lump sum payment.

_____

Employee Signature Date

THIS FORM SHOULD BE SUBMITTED TO THE PAYROLL OFFICE WITH SLWOP PARF AND PAPERWORK.