

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 Finance 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.