

# ALASKA JOINT ELECTRICAL APPRENTICESHIP AND TRAINING TRUST

Serving Alaska Since Before Statehood



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Statewide Director

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## Vacation/Medical Leave Request

Date: \_\_\_\_\_

Classification: \_\_\_\_\_

Name: \_\_\_\_\_

PH #: \_\_\_\_\_

*Preferred method of communication*

Call  Text   
Email  US Mail

Vacation/Medical leave is requested as follows:

From: \_\_\_\_\_ To: \_\_\_\_\_

No. of Days: \_\_\_\_\_

Notified employer: Y / N

*Office Use Only*

Approved by: \_\_\_\_\_  
Director / Coordinator

Date approved: \_\_\_\_\_