

REQUEST FOR LEAVE OF ABSENCE WITH OR WITHOUT PAY (OTHER THAN SICK LEAVE)

Department _____ Division _____ Date _____ 20__

I _____, hereby request a leave of absence
Print or Type Name – First MI Last

From duty with/without pay in accordance with established procedures (TA Rule no. 170) _____
(Check or Insert Proper Rule No.)

From _____ to _____, inclusive, being
_____ Days _____ hours. Reporting point _____ Days off _____

Run or trick No. _____ Scheduled hours of work _____ A.M. P.M. _____ A.M. P.M.

Reason for absence _____

Employee Signature _____

Title (Print or Type) _____ Pass or Payroll No. _____ Rate of Pay _____

Supervisor Signature _____ Pass Number _____

Do not write in this space

Original Date of Appointment with NYCTA, MaBSTOA or Predecessor _____

Absence with Pay During Preceding 12 Months		Days	Hours	Absence Without Pay During Preceding 12 Months		Days	Hours
Vacation	_____			Absence Without Leave	_____		
Holiday Allowance	_____			Personal Business	_____		
Injury On Duty	_____			Illness	_____		
Sick Leave	_____						
Other Causes	_____	_____	_____			_____	_____
Total	_____			Total	_____		

Payroll No. _____

Remarks _____

Recommendation: For _____ Days _____ Hours

Signatures (As per procedure in effect)

_____	_____	Title	_____	20
_____	_____	Title	_____	20
_____	_____	Title	_____	20
_____	_____	Title	_____	20

Leave of Absence Approved Disapproved _____

_____	_____	Title	_____	20
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Remarks: RTO CREW ASSIGNMENT OFFICIAL DATE AND TIME: 11/18/2008 10:12:45 AM
ORIGINAL to PERSONNEL DIRECTOR