

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

Department SUBWAYS 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) TWU Local 100 5/21/14 MOU Sec 4-H  
(Check or Insert Proper Rule No.)

From \_\_\_\_\_ to \_\_\_\_\_, inclusive, being  
10 Days @Run Pay \_\_\_\_\_ hours. Reporting point \_\_\_\_\_ Days off \_\_\_\_\_

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

Reason for absence TWU Maternity/Paternity Leave

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 With 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)	_____	_____	_____	20
	_____	_____	_____	20
	_____	_____	_____	20
	_____	_____	_____	20
Leave of Absence Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____	_____	_____	20

**Please submit the following initial documentation with this request as applicable:**  
 Spouse: Marriage Certificate and Discharge Papers or Letter from Physician  
 Single: Copy of Proof of Paternity document or Hospital Discharge Papers (name of father must be on document)  
 Mothers: Hospital Discharge documents or document from Midwife or Letter on Physician's Letterhead

**FINAL PROOF - A Copy of the newborn's BIRTH CERTIFICATE within 30 Days of Employee's Return to Work**