

# To All Station Division Local 100 Members:

## ***HURRICANE IRENE***

If you did not make it to work on **Saturday August 27** or **Sunday August 28** because of the hurricane, please fill out this form. **It will help us in our attempt to get you paid, without having to use accrued days or WOP days.**

Name \_\_\_\_\_ Pass \_\_\_\_\_ Title \_\_\_\_\_

Tour of duty \_\_\_\_\_ Job # or location for Aug. 27-28 \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

What were you forced to use on ..... Aug. 27, 2011..... August 28, 2011



AVA	<input type="checkbox"/>	<input type="checkbox"/>
PLD	<input type="checkbox"/>	<input type="checkbox"/>
Single Vacation day	<input type="checkbox"/>	<input type="checkbox"/>
split vacation days	<input type="checkbox"/>	<input type="checkbox"/>
WOP days	<input type="checkbox"/>	<input type="checkbox"/>
Sick Call	<input type="checkbox"/>	<input type="checkbox"/>
AWOL	<input type="checkbox"/>	<input type="checkbox"/>
OTO	<input type="checkbox"/>	<input type="checkbox"/>

**Fax this form to the union  
212-245-4102  
or hand it to a Station  
Division Union Rep**

Did you call OSAC or Field Office? YES  NO

Name of Supervisor and pass # (if available) \_\_\_\_\_

If you reported, where did you report? Home station  Safety Location  Other

Did you swipe your pass? YES  NO

Do you live in an evacuation zone? YES  NO

Is your home station in an evacuation zone? YES  NO

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

