

# 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 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__
_____	Title	_____ 20__
_____	_____	_____ 20__
_____	Title	_____ 20__
_____	_____	_____ 20__
_____	Title	_____ 20__

Leave of Absence Approved  Disapproved  \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ 20\_\_

**Remarks:** RTO CREW ASSIGNMENT OFFICIAL DATE AND TIME: 12/4/2013 4:30:02 PM  
ORIGINAL to PERSONNEL DIRECTOR