

**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 _____ AM PM _____ AM PM

Reason for absence _____

Signature _____

Title (print or type) _____ Pass or Payroll No. _____ Rate of Pay _____

DO NOT WRITE IN THIS SPACE

Original Date of Appointment with NYCTA, MaBSTOA or Predecessor _____

<i>Absence With Pay During Preceding 12 Months</i>	<i>Days</i>	<i>Hours</i>	<i>Absence Without Pay During Preceding 12 Months</i>	<i>Days</i>	<i>Hours</i>
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 Title Title Title Title

Leave of Absence
 Approved Disapproved _____, _____, _____
Title Title Title

Remarks _____