## MTA New York City Transit Manhattan and Bronx Surface Transit Operating Authority

## Request for Leave of Absence With or Without Pay (Other than Sick Leave)

DepartmentSUBWAYS	Division	CAR EQUIPMENT	Da	te	20
í			, hereby req	uest a leave o	of absence
Print or type name — First	MI	Last			
from duty with/without pay in accord	lance with established proced	ures (TA Rule No. 170) =	(Check or inse	ert proper Rule No.)	
from	to			inclu	sive, being
days	hours. Reporting point		Days off		
Run or Trick No.					
Reason for absence					
		Signature			
Title (print or type)	Pass or Payroll No.		Rate of Pay		
	DO NOT WRIT	TE IN THIS SPACE			
Original Date of Appointment with I	NYCTA, MaBSTOA or Predece	essor			
Absence With Pay During Preceding 12 Months	Days Hours	Absence Withou Preceding 1.		Days	Hours
Vacation		Absence Without Lea			
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	<u> </u>		20
	y	<u></u>			20
		Title			20
Leave of Absence		Title			
Approved Disapproved =		Title			_ 20
Remarks					