

Long Island Rail Road
Signal Department

Absence From Work Without Pay

Employee's Name: _____ Employee No: _____

Date(s) of Absence: _____

Reason: _____

Attached Documentation (court subpoena, etc) Detailing Absence: YES _____ NO _____

I hereby certify that the above information is correct:

Signature

Date

All requests for use with this form must be submitted fourteen days prior to the date for request of absence.

This form is to be submitted to the immediate Supervisor and then to the Department Head. Documentation to support date of absence is required for all requests. All personal days and vacation days are to be exhausted prior to use of this form.

Supervisor

Engineer Maintenance / Construction

ACO Signals & Communications

_____ Approved

_____ Disapproved