



**THIS FORM MUST BE SUBMITTED TO YOUR IMMEDIATE SUPERVISOR**

<b>EMPLOYEE NAME:</b>	<b>LIRR EMPLOYEE ID:</b>
<b>POSITION OWNED:</b>	<b>SHIFT AND RELIEF DAYS:</b>
<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>

I understand that this request will not be considered approved until I receive a signed copy back. I understand documentation may be requested to support my request.

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SIGNATURE OF REQUESTING EMPLOYEE

**SINGLE VACATION DAY REQUEST:**

*Must be submitted 48-working hours in advance. Approval subject to availability*

DAY REQUESTED:	APPROVED (YES) or (NO)	REQUESTED DAY:	APPROVED (YES) or (NO)

**VACATION CHANGE REQUEST:**

*Must be submitted 10-working days in advance. Approval subject to availability*

FROM DAY/WEEK:	TO DAY/WEEK:	REASON FOR CHANGE:	APPROVED (YES) or (NO)

**FOR OFFICE USE ONLY:**

<b>Number of Previous Changes:</b>	
<b>Supervisor Approval:</b>	
<b>Manager Approval – Printed Name:</b>	
<b>Manager Approval – Signature:</b>	
<b>Change Updated on Spreadsheet/Database:</b>	