

# Memorandum



Long Island Rail Road

Date July 17, 2009  
To L. Antonietti, M. Boyce, P. Scudieri  
From Steven R. DaLeo, Assistant Chief Engineer- Planning & Administration  
Re **Changes to LIRR Military Leave Administration**

Due to new requirements from the Human Resource and Payroll Departments, the following changes are being made, effective immediately, concerning employees requesting military leave:

### **Employees Called to Active Service (greater than 22 workdays or 30 calendar days)**

- Prior to leaving for military service, the department must arrange for the employee to complete the Request for Military Leave form (copy attached).
- Prior to leaving for military service, the department must arrange for the employee to complete and sign the Military Leave Supplement Pay Agreement, unless the employee opts to defer getting paid by the LIRR during their leave (see attached).
- The department must complete and submit a PA-2 to put the employee on Military Leave.
- The department must obtain copies of the employee's current enlistment papers (orders) and forward to Sako Chandra along with the above mentioned forms prior to leaving for military service.
- For all Military leave requests for Active Service, the employee must contact Employee Services at extension 7318, and arrange to meet with Human Resources and Payroll staff to discuss their pay options and provide military pay-grade information.

### **Employees Returning to Work**

- Employees returning from a leave of 30 days or more must notify their department no later than 14 days after completion of military service.
- Employees returning from a military leave of 30 calendar days or more must go to LIRR Medical and get clearance (AR-3) before they can return to work. Medical must provide a copy of the AR-3 returning the employee to work.

- Employees returning from a leave of 180 days or more must notify their department within 90 days of completion of military service.
- The department must complete a PA-2 returning the employee to active status. Send original to Personnel with a copy to Sako Chandra.
- The department must obtain copies of all leave earnings statements, W-2's and discharge papers (DD-214) from employee and forward to Sako Chandra.

In addition to the information requested above, the Planning and Administration Department must be notified concerning information related to the employee's leave (i.e. extension of military leave, planned return to work date etc.). Also, please continue to obtain copies of all training orders prior to the employee going on training drills. These orders must specify the dates and times of the unit's scheduled drills. These orders must also be forwarded to Planning and Administration before the weekly payroll is approved and signed-off.

If you have any questions, please call Sako Chandra at extension 3402.

/sc  
w/attachments

cc: B. J. Finn, C. Calvagna, R. J. Puciloski, R. C. Semenick, J. Mehm,  
S. Chandra, A. Salvemini, S. Charles, M. Macioch, C. Yodice, D. Cuomo,  
J. Posillico, G. Nunziata, K. Schinnery



**REQUEST FOR MILITARY LEAVE**

**Section I: To be Completed by Employee Requesting Military Leave**

First Name: \_\_\_\_\_ M.I.: \_\_\_ Last Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

I hereby request military leave to perform Ordered Military Duty as authorized by military regulations, statute or applicable rule of the Long Island Rail Road as follows:

Military Unit: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Inclusive dates of ordered military duty (include relief days, holidays & vacation days):

From: \_\_\_\_\_ To: \_\_\_\_\_

Actual time of ordered drill attendance:

From: \_\_\_\_\_ To: \_\_\_\_\_

Is this a scheduled Unit Drill? Yes  No

**Attach written orders and other relevant documentation of request. Sign below and submit to your Department Head.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II: To be Completed by the Department Head** Date Request Received: \_\_\_\_\_

THE FOLLOWING MILITARY LEAVE HAS BEEN APPROVED:			MILITARY LEAVE BALANCE WORKSHEET:	
Military Leave Approved	# Days w/Pay	# Days w/o Pay	Category	# Days
Scheduled Work Days			Annual Allowance	
Holidays			Balance After Last Request	
Vacation Days			Paid This Request	
Relief Days			Remaining Balance	
<b>TOTALS:</b>			Notes:	

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: To be completed by Human Resources**

Executive Director – HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Long Island Rail Road

## Military Leave Supplemental Pay Agreement

I am aware that the Long Island Rail Road has approved a supplemental benefits package for employees called to active military duty in the Reserves or National Guard in connection with the attacks of September 11, 2001, or as a part of any related current military actions.

I have been advised that the LIRR has agreed to pay me the difference between my current salary and my military pay, as of the date of activation through the end of my military service, or through December 31, 2009, whichever comes first. This supplemental pay will go into effect only after I have received 22 paid workdays while on military leave in 2009, as set forth in the LIRR Military Leave Policy (CP&P-Leave 011).

I am fully aware that upon my return to work I must remit to the LIRR any dollar amount greater than 100% of my full LIRR salary that I received when combining my military pay with the LIRR reduced pay amount.

To receive this pay supplement, I agree to provide the LIRR Payroll Department with documentation of my military pay information prior to activation. I also agree to provide copies of my Military Leave Earnings Statements (LES), and a copy of my military W-2 to Payroll as soon as I am able to do so.

My signature below confirms that I am in agreement with the provisions described above.

**A Payroll representative must sign this form for supplemental pay to be effective.**

**Employee Name:**

**ID#:**

**Employee**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payroll**

**Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return Form To:  
LIRR Payroll Department – M/C1447  
146-01 Archer Ave.  
Jamaica, NY 11435**