



THIS FORM MUST BE SUBMITTED VIA EMAIL TO

VacationChangeENG@LIRR.ORG

EMPLOYEE NAME:	LIRR EMPLOYEE ID:
POSITION OWNED:	SHIFT AND RELIEF DAYS:
EMPLOYEE SIGNATURE:	DATE:

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.

SIGNATURE OF REQUESTING EMPLOYEE

SINGLE VACATION DAY REQUEST:

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

SVD REQUESTED:	APPROVED (YES) or (NO)
1.	
2.	
3.	
4.	
5.	

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:

Number of Previous Changes:	
Date Request Processed:	
Database updated by (Print Name & No.):	