MTA New York City Transit

Manhattan & Bronx Surface Transit Operating Authority

REQUEST FOR LEAVE OF ABSENCE WITH OR WITHOUT PAY (OTHER THAN SICK LEAVE)

Department DZIAL Division DYWIZJA Date 08/26 20 26

I IMIE DRUGIE IMIE NAZWISKO, hereby request a leave of absence
Print or Type Name – First M I Last

From duty with/without pay in accordance with established procedures (TA Rule no. 170) (p. CBA)
(Check or Insert Proper Rule No.)

From 08/26/26, 22:00 to 08/27/26, 06:00, inclusive, being

1 Days 8 hours. Reporting point MIEJSCE ZGLOSZENIA Days off WOLNE DNI

Run or trick No. N/D Scheduled hours of work 22:00 A.M P.M. 06:00 A.M. P.M.

Reason for absence (PRZYKLAD - opisz powod, np. "AVA - dzien wolny")

(PODPIS - podpisz tutaj)

Employee Signature _____

STANOWISKO
Title (Print or Type)

NR PASS
Pass or Payroll No.

STAWKA GODZINOWA
Rate of Pay

Supervisor Signature _____ **Pass Number** _____

Do not write in this space

Original Date of Appointment with NYCTA, MaBSTOA or Predecessor _____

Absence with Pay During Preceding 12 Months	Days	Hours	Absence With Pay During Preceding 12 Months	Days	Hours
Vacation			Absence Without Leave		
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) _____, _____, _____ 20____
Title

_____, _____, _____ 20____
Title

_____, _____, _____ 20____
Title

_____, _____, _____ 20____
Title

Leave of Absence
Approved ☐ Disapproved ☐ _____, _____, _____ 20____
Title

Remarks: **RTO CREW ASSIGNMENT OFFICIAL DATE AND TIME: 10/8/2010 11:33:56 AM**
ORIGINAL to PERSONNEL DIRECTOR

Reference copy pre-filled by MTA Work Log - get a fresh official form from twulocal100.org before submitting.