MTA New York City Transit

MOW - Infrastructure, Department of Subways

Request For Leave

Date Submitted _____

Print All Information

To Be Submitted No More Than Fourteen (14) And No Less Than Two (2) Calendar Days In Advance Of Leave Date

Submited By:
Name: _____
Title: _____
Pass Number: _____
Reporting Quarters _____
Tour Of Duty _____
Regular Days Off _____
Qualified Chauffeur_____Yes_____No

Day of Week _____
Date _____

Chargeable To:
_____ Vacation Day
_____ Additional Vacation Allowance (AVA)
_____ Personal Leave Day (PLD)
_____ Overtime offset (OTO)
_____ Birthday

Reason For Request
_____
_____
_____
_____
_____
_____

Other Request
_____Save Birthday (Falls On RDO)
_____Pay For Birthday (Falls On RDO)

Employee's
Signature:_____

Supervisory Section

Remarks
_____
_____
_____
_____
_____
_____
_____

_____Yes_____No Coverage Required
_____Yes_____No Overtime Required

Supervisor's
Endorsement:_____

Date:_____

Managerial Section

Remarks
_____
_____
_____
_____
_____
_____
_____

Request Approved _____
Request Disapproved _____

Superintendent;s
Approval:_____

Date:_____