

# WHEELING & LAKE ERIE RAILWAY COMPANY

## LEAVE REQUEST

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DAY/DATE(S) OFF REQUESTED \_\_\_\_\_

REASON REQUESTING OFF \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

APPROVED     DENIED    BY \_\_\_\_\_ DATE \_\_\_\_\_

This form is to be used when requesting "PERSONAL/SICK DAYS" only. It is to be transmitted to the Crew Dispatcher's Office where it will be approved or denied by an operating official of this railroad. **THIS FORM MUST BE RECEIVED AND APPROVED AT LEAST FORTY-EIGHT (48) HOURS IN ADVANCE OF REQUESTED TIME OFF.**

Any unused personal/sick days must be used for days requested above.

EMPLOYEE NUMBER \_\_\_\_\_ WEEK ENDING \_\_\_\_\_

DAY/DATE	OCCUPATION CODE	COST CENTER	PERSONAL/SICK	REMARKS
SAT. DATE				
SUN. DATE				
MON. DATE				
TUE. DATE				
WED. DATE				
THU. DATE				
FRI. DATE				
TOTAL HOURS				

**This form must be completely filled out *before* it will be considered for approval.**

I CERTIFY THAT THIS TIMESLIP IS A TRUE STATEMENT (SIGNED) \_\_\_\_\_