

B. L. E. & T. DIV. #20 AMTRAK / METROLINK

VACATION REQUEST FOR 2015

RETURN TO BRYON EARNEST (MLK) or TOM McDOUGALL (ATK) BEFORE NOVEMBER 21, 2014

*** REQUIRED INFORMATION: NAME / ADDRESS / PHONE / CREWBASE / SIGNATURE / SENIORITY**

ALL VACATION CHANGES WILL OCCUR ONLY DURING THE MONTH OF JANUARY
 VACATION CHANGES AFTER JANUARY WILL BE MADE ONLY WITH VALIDATED
 EMERGENCY REASONS (IMMEDIATE FAMILY SICKNESS OR DEATH, PERSONAL ILLNESS) AND THE
 CHANGE MUST BE APPROVED BY MANAGEMENT

PLEASE PRINT LEGIBLY

* NAME: _____

* 2014 CS3 SENIORITY NUMBER

Or

* ADDRESS: _____

* NATIONAL SENIORITY NUMBER: _____

* CITY, ST. AND ZIP: _____

* PHONE: _____

* CELL PHONE: _____

EMAIL: _____

CHECK BOX FOR ONE WEEK SINGLE DAYS

CHECK BOX FOR TWO WEEKS SINGLE DAYS

YOUR CREWBASE - LAX _____ SNB/RVS _____

MPK/EVC _____ LCS _____ OSD _____

* WEEKS ENTITLED FOR 2015 _____

* SIGNATURE: _____

**ALL CONSECUTIVE WEEKS
OR
FIRST CHOICE OF SPLIT WEEKS**

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**SECOND CHOICE OF SPLIT WEEKS
(REMAINDER OF VACATION WEEKS)**

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

RECEIVED BY: _____

DATE: _____