



Long Beach Transit

SPECIAL REQUEST FORM Assignment/Leave

REQUEST FOR LEAVE OF ABSENCE

REASON FOR ABSENCE

| | | | |
|----------------------------|---------------------|---------------------------------------|-----------|
| <input type="checkbox"/> | Casual Vacation | Total No. of working Days WITH Pay | _____ |
| <input type="checkbox"/> | Prorata Vacation | _____ to _____ | inclusive |
| <input type="checkbox"/> | Military Leave | Total No. of Working Days WITHOUT Pay | _____ |
| <input type="checkbox"/> | Personal Leave | _____ to _____ | inclusive |
| * <input type="checkbox"/> | Bereavement | | |
| <input type="checkbox"/> | Other (Explanation) | | |

* Note: Copy to Payroll for Bereavement or Jury Duty

REQUEST FOR CHANGE

CHANGE OF ASSIGNMENT REQUEST

Day and Date of Request: _____

I Request to be Off By: _____

Assignment I am Requesting: PM AM SHIFT

Reason for Request: _____

REQUEST FOR CHANGE OF FLOATING HOLIDAY

SEVEN (7) DAYS BEFORE OR AFTER

Floating Holiday

Current Scheduled Day(s) & Date(s): _____

Request Day(s) & Date(s): _____

Regular Days Off: _____

Reason for Request: _____

Name of Employee _____ Emp# _____

Employee's Signature: _____ Date: _____

Approved Must Verify Refused: _____
(Explanation)

Authorized Signature: _____ Date: _____