

VACATION/LEAVE NOTICE

Date: _____

To: IBEW Local 48 Dispatcher (Fax – 503/251-9920)

From: _____
Print Name Contact Telephone No.

Last four digits of SSI #: XXX-XX-_____

Re: VACATION/LEAVE REQUEST

I hereby request vacation/leave for the seven day week beginning on _____ and ending on _____.

I understand:

- I will receive no strikes while I am on leave.
- This leave request must be received by the dispatcher by 4:30 p.m. of the last business day before the week I want to take as leave.
- This request, once made, cannot be revoked.
- If I come in and sign the day sheet or take a call, I will forfeit the balance of my week.

Date: _____
Signature _____

Dispatch Use Only

Rec'd: _____ Entered: _____ By: _____