



REQUEST FOR LEAVE OF ABSENCE
 REQUEST FOR SICK LEAVE

TO: _____, 20____ Location _____ Date _____

I request Leave of Absence of _____ month _____ day from _____, 20____ through _____, 20____
 Sick Leave

For the following reason _____

I entered the service _____, 20____ Last leave _____ days to _____, 20____

My Group Life Insurance should be CONTINUED Premium contributions for this period are to be PAID IN CASH
 CANCELLED DEDUCTED FROM PAYROLL IN ADVANCE

I understand that insurance will be cancelled if premium contributions are not paid on or before the tenth (10th) day of the first month following that to which they apply. I further understand that if my employee relationship is terminated, insurance will be cancelled as of midnight of the thirty-first day after such termination, and any unearned premium paid will be refunded. This leave is requested in accordance with and, if approved, will be subject to all applicable provisions of the current rules and regulations of the company governing the conditions of my employment. I understand that if I accept any employment except as provided for herein, my leave and all employment rights with the Union Pacific Railroad shall be automatically terminated.

My address during leave will be _____

Title of Position _____ Department or Bureau _____ Card Number _____ Signature _____

RECOMMENDED: THIS FORM OF REQUEST WHEN PROPERLY APPROVED WILL CONSTITUTE A LEAVE FOR THE PERIOD SET FORTH ABOVE.

Service and Absence Records Correct: I Recommend Request be Granted.

Supervisor _____ APPROVED: _____

(Title)

I hereby certify that the foregoing request for leave of absence or sick leave has been properly approved and the original has been

Delivered to _____ Personally.

Sent to _____ (Person Requesting Leave) By U.S. Mail to the address referred to above.

This _____ day of _____, 20____ (Head of Department or Person Authorized to Handle)