

Employee Statement
ADMINISTRATIVE LEAVE/ ACT OF GOD
ARTICLE *19 *ELM 519 *LMOU

Employee Name: _____ EIN: _____

Phone: _____ - _____ - _____ Email: _____

Tour: _____ Reporting Time: _____ End Time: _____ Non Schedule Days: _____

Dates (of Incident): _____ What Type of Leave you Requested? _____

What Dates did You Request Leave?:

Nature of incident, Power, Flood, Ice, Snow, Hurricane, Tornado, Earthquake, fire, ETC.:

What reasonable due dilligence did you make to report to duty? (Explain in detail):

What exactly happened to prevent you getting to your work place?:

Upon your return to work did you ask for Administrative Leave?: _____ Was the request in writing?: _____

If you were denied Administrative Leave, what reason was given for the denial?:

Attach a Copy of 3971 and supporting Documentation of the Incident.(Witness Statement , Repairs, Receipts, Newspaper Clippings, Photos, etc.:

Keep a copy for your records and submit this informatio to your local Union Steward within 14 day of the incident/s date/s.

Employee Signature: _____ Date: _____