Request for EDO Outside of Window

Name (Please Print):

Phone/Cell # to be reached:

Employee #:

Craft (Circle One): Locomotive Engineer Conductor Yardman

Willing to Use EDO (Circle One): Yes No

Start Date:

Number of Days:

Date Request Submitted:

Signature:

Reason For Leave:

For Office Use Only

Date Received:

Date Responded:

Year - to - Date Personals :

Year - to - Date Off Sick:

Quarterly Percentage: YR: 2012 QTR: %:

Current EDOs:

Comments:

Request Granted: **Yes** **No**

Authorized By: