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:

Please Fax to Gabrielle at 306-693-5429