

FURLOUGH FORM

DATE: _____

In compliance with the provisions of Rule 18, paragraph (F) M/W Agreement, I hereby file my name and address.

/_____
Gang Number **Select Recall Zone**

Name of Employee **(Print)**

Class seniority protected in/Seniority
Date in Class

Street & Number **(Print)**

SAP Number

City, State & Zip Code **(Print)**

Employee's Signature

(Area Code) Telephone Number

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***INSTRUCTIONS: SEND TWO (2) COPIES OF FURLOUGH FORM BY US. MAIL
TO: P. Bubnis, Amtrak, Engineering-Manpower & Labor
Third Floor - North Tower, 2955 Market St, Box 22
Philadelphia, PA 19104***