

EMPLOYEE STATEMENT
ADMINISTRATIVE LEAVE/ACT OF GOD
ARTICLE 19 * ELM 519 * LMOU

EMPLOYEE NAME _____ WORK LOCATION _____

TOUR _____ REPORTING TIME _____ END TIME _____ NON SCHEDULE DAYS _____

DATE OF INCIDENT _____ WHAT TYPE OF LEAVE YOU REQUESTED? _____

WHAT DATES DID YOU REQUEST LEAVE? _____ HOW MANY HOURS REQUESTED? _____

NATURE OF INCIDENT: FLOOD, ICE, SNOW, HURRICANE, TORNADO, EARTHQUAKE, ECT. _____

What reasonable diligence did you make to report to duty? (Explain in detail)

What exactly happened to prevent you from 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 COPY OF 3971 AND SUPPORTING DOCUMENTATION OF INCIDENT (witness statements, repair receipts, newspaper clippings, photos, etc)

Employee contact info: Phone _____ Email _____

Keep a copy for your records and submit this information to your local union Steward within **14 days** from the date of the incident.