



LOCAL 9265
www.usw9265.org

EMPLOYEE ORGANIZATIONAL LEAVE REIMBURSEMENT SHEET

Date for E.O.L. _____

Social Security # _____

Print Name _____

Department _____

Work Location _____

Signature _____

Job Title _____

Approved By _____
(Local President)

Reason for EOL _____

Home Address:

Street

City *State* *Zip*

Telephone -- work (____) _____ Telephone -- home (____) _____