



REQUEST FOR REGULAR BENEFITS

Rev. No.	01
Rev. Date	15 Nov 10
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L1867MS03	

NAME OF EMPLOYEE: _____

NAME OF APPLICABLE MANAGER: _____

DATE OF REQUEST: _____

Employee's Signature

Applicable Manager's Reply: _____

If negative, state reasons: _____

Date: _____

Applicable Manager's Signature

Copy for Supervisor
Copy for Employee
Copy for Local 1867 (See address below)