BMWE FURLOUGH FORM

In compliance with t	he provisions of Bulo 19, parag	raph (F) M/W Agreement, I hereby	, file mu name and address
	ne provisions of Rule 16, parag	raph (F) W/W Agreement, i hereby	nie my name and address.
Gang Number	Select Recall Zone	Name of Employee	(Print)
Class seniority protected in/Seniority Date in class		Street & Number	(Print)
Social Security Number		City, State & Zip Code	(Print)
Employee's Signature		(Area Code) Telephone Number	
		URLOUGH FORM	
In compliance with the	ne provisions of Rule 18, parag	raph (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)
Social Security Number		City, State & Zip Code	(Print)
Employee's Signature		(Area Code) Telephone Number	
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Employee's Signature		(Area Code) Telephone Number	

INSTRUCTIONS: SEND TWO (2) COPIES OF FURLOUGH FORM BY U.S. MAIL TO:

R. O. Denzel, Manager, Engineering Manpower & Labor 3rd Floor – North Tower, 30th Street Station, Box 22
Philadelphia, PA 19104