



LEAVE OF ABSENCE REQUEST

322 West 48th Street New York, NY 10036

DATE: _____ NAME: _____

CARD #: _____ INSTRUMENT: _____

ADDRESS: _____

To Whom It May Concern:

I am requesting a leave of absence from the Broadway Show

_____ from _____ until

_____.

Reason:

My subs for this period will be:

I have made all necessary arrangements with the Musical Director and In-House contractor.

Sincerely,

Name of Musical Director/Conductor (please print) _____

Signature of Musical Director/Conductor: _____ Date: _____

Name of In-House Contractor/Contractor: (please print) _____

Signature of In-House Contractor/Contractor: _____ Date: _____

*Please submit completed forms by mail to the Office of the Recording Vice President, Attn: Maureen Cupid (3rd Floor)

By Email: mcupid@local802afm.org By Fax: 212-489-6030