



# LEAVE OF ABSENCE REQUEST

322 West 48<sup>th</sup> 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 Music Director/Conductor (please print) \_\_\_\_\_

Signature of Music 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 (3<sup>rd</sup> Floor)

By Email: [mcupid@local802afm.org](mailto:mcupid@local802afm.org) By Fax: 212-489-6030