

WESTERN MARYLAND RAILWAY COMPANY

FURLOUGH RECORD

DEPARTMENT

DIVISION

Mr. _____ 19 _____

(Occupation)

DEPT. NUMBER _____

(Location)

Account of _____, you are furloughed effective _____ 19____, from the service of the Western Maryland Railway Company, subject to Furlough or Reduction in Force Rules.

1. Your failure to communicate with this office or personally appear as provided for in Furlough or Reduction in Force Rule after notice is mailed to you at your address as filed in this office, will result in your being dropped from the service and your record closed, as provided by working agreement.
2. Before you return to the service you may be required to pass physical examination, as provided by working agreement.

Yours truly,

Employing Officer

EMPLOYEE MUST SIGN THIS RECEIPT FORM, DETACH AND RETURN SAME TO HIS EMPLOYING OFFICER TO BE PLACED WITH HIS PERSONAL RECORD:

Mr. _____ DEPT. NUMBER _____

(Address)

This will acknowledge receipt of notice of my furlough, effective _____ 19____, corresponding to number on this receipt, and I understand that it is necessary for me to comply with Furlough or Reduction in Force Rule; and that if I fail to do so, I will be dropped from the service and my record closed.

My address is _____
(Street and Number)

Signed _____

(City and State)

Occupation _____

Phone No. _____

Date _____

EMPLOYING OFFICER DETACH THIS STUB, COMPLETE AND RETURN TO EMPLOYEE

This will acknowledge receipt of your furlough receipt form—

DEPT. NUMBER _____ DATED _____

Date receipt form received

Employing Officer