



U·S AIRWAYS

**Fall 2009 InFlight Services
Voluntary Leave of Absence Program Request Form
(PHX/LAS Flight Attendants)**

Flight Attendant Name: _____ C Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Base: _____ Phone: _____ Email Address: _____

FALL 2009 VOLUNTARY LEAVE OF ABSENCE (VLOA PREFERENCE)

By submitting this form, I am indicating my interest in participating in the voluntary leave of absence program as indicated below. I understand this request is subject to approval by the Company and this leave is for the full period as designated. I further understand that once this leave is awarded, I may not rescind, change, or alter in any way.

The Company is currently offering the programs listed below. Please indicate your interest in participating in the programs below by numbering your preferences. It is not necessary to select both programs, but keep in mind that if the program selected is not available at your seniority, no leave will be awarded.

_____ 1) Voluntary Leave of Absence to begin on August 5, 2009 with a return date of December 1, 2009 – 150 slots available.

_____ 2) Voluntary Leave of Absence to begin on August 5, 2009 with a return date of December 1, **2010** – 150 slots available.

****Please consult section 14-K of the Flight Attendant Contract and the Q&A to review vacation payout options available to you.

This form must be received by Inflight Planning no later than Noon (MST), Sunday, June 21, 2009. Once your form has been received, an email confirmation will be sent to the email provided on this form. It is your responsibility to ensure that your request has been received. Late requests will not be accepted, and awards will be posted no later than the close of business (MST) on Monday, June 22, 2009.

I understand that if awarded a Voluntary Leave of Absence, I agree to the conditions outlined in the Fall 2009 InFlight Services Voluntary Leave of Absence Announcement and Q & A. I acknowledge that I have reviewed these documents, that I meet all of the eligibility requirements and that I may be recalled from this program at any time if the needs of the Company dictate.

Signature: _____ Date: _____

SUBMIT COMPLETED REQUEST TO (US Mail or Federal Express)

US Airways InFlight Planning, Attn: Rick Carpenter, 4000 E Sky Harbor Blvd., FTC-IFP, Phoenix, AZ 85034

- or -

FAX: 480-693-1975