

DEPARTMENT OF EDUCATION OF THE CITY OF NEW YORK  
MEDICAL, LEAVES & BENEFITS

APPLICATION FOR LEAVE OF ABSENCE FOR HEALTH REASONS

(Deliver to: Shawn Thompson - 65 Court Street, Rm. 200A - Brooklyn, NY 11201)

TO BE COMPLETED AND SIGNED BY EMPLOYEE

(Print or Type)

Bureau \_\_\_\_\_ Title \_\_\_\_\_

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Department of Prior City  
Date of Permanent Appointment: Education \_\_\_\_\_ Service \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

I hereby request a Leave of Absence without pay \* ☐ with pay ☐

from \_\_\_\_\_ to and including \_\_\_\_\_ amounting to \_\_\_\_\_  
(period of time)

X \_\_\_\_\_  
Employee's Signature Date

If you are a member of Board of Education Retirement System, please check:

NOTE: \* If this leave is without pay, I do ☐ do not ☐ request permission to contribute to the retirement system pursuant to policy adopted by the Personnel Division in July, 1961 and in accordance with Section 4 of the Rules and Regulations of the Board of Education Retirement System.

\_\_\_\_\_  
(Signature of Employee)

TO BE COMPLETED BY TIME CLERK

SUPPORTING INFORMATION

Physician's statement must be attached to this application form.

Date of Commencement of employee's continuous absence \_\_\_\_\_

Sick leave which has been used during the current absence \_\_\_\_\_

Sick leave balance remaining to employee's credit \_\_\_\_\_

If sick leave has been exhausted, give date when exhausted \_\_\_\_\_

Annual leave which has been used during current absence \_\_\_\_\_

Annual leave (including all earned credits) still remaining \_\_\_\_\_

Employee's Time Record

Upon request only by the Medical, Leaves and Benefits Office, after consultation with bureau administrators.

TO BE COMPETED BY BUREAU HEAD

RECOMMENDATIONS OF BUREAU HEAD

I hereby approve the above request for leave of absence with pay \_\_\_\_\_ or without pay \_\_\_\_\_.

In either case please note the reasons for your recommendation.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Bureau Head)