

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 _____

Date of Permanent Appointment: Education _____ Prior City
 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 COMPLETED 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)