

NEW YORK CITY DEPARTMENT OF EDUCATION

DIVISION OF SCHOOL FACILITIES
 OFFICE OF ADMINISTRATION
 DEPARTMENT OF HUMAN RESOURCES
 TIMEKEEPING UNIT
 44-36 Vernon Boulevard. L.I.C. NY 11101



APPLICATION TO USE EARNED ANNUAL/SICK LEAVE OR REPORT

NAME (Print)	Last	First	MI	OFFICE/BUREAU
TITLE				STATUS () Annual () Hourly

NOTE: When the total absence is one day or less, enter the same date in both the FROM and TO boxes

DATE(S) OF ABSENCE		CHECK (<input type="checkbox"/>) DAY(S) ABSENT							TOTAL AMOUNT OF ABSENCE		
FROM	TO	SUN	MON	TUE	WED	THU	FRI	SAT	DAYS	HOURS	MINUTES

Submit annual leave applications prior to the absence (except in the case of an emergency)	CHARGEABLE ABSENCE	Submit sick leave applications immediately upon your return to duty
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<p style="text-align: center;">ANNUAL LEAVE</p> <p>Charge as : () Vacation () Personal Business () Personal Business - late arrival with prior approval</p>	<p style="text-align: center;">SICK LEAVE</p> <p>Charge as: () Physicians Certificate (attached) () Self treated illness</p>
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Employee Signature	Date
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DATE RECEIVED	TO BE COMPLETED BY APPROVING OFFICERS		
	() Approved	Immediate Supervisor	Date
	() Disapproved		
	() Approved	Bureau Head	Date
	() Disapproved		
	Reason for disapproval		
TO BE COMPLETED BY TIMEKEEPER			
Recorded by		Date	