



FIRE DEPARTMENT • CITY OF NEW YORK

TIME & LEAVE REQUEST

EMPLOYEE INFORMATION:

Employee Name:

Employee Ref. #:

Bureau/Department:

Division:

NOT TO BE USED FOR MILITARY LEAVES OR LEAVES OF ABSENCE EXCEEDING 30 DAYS.

LEAVE REQUEST: Number of Working Days Hours

From: am/pm / /
MM DD YYYY

To: am/pm / /
MM DD YYYY

COMPENSATION: With Pay

Without Pay

TYPE OF LEAVE:

ANNUAL LEAVE

Vacation

Personal Day(s)

Religious Observance

SICK LEAVE

Documented Midweek

Undocumented Midweek

Documented <> P/D

Undocumented <> P/D

NOTE: If leave is for more than three days, a Medical Documentation Form **MUST** be submitted. However, it is to the employee's advantage to document every sick leave absence.

COMPENSATORY TIME

FLOATING HOLIDAY

DEATH IN IMMEDIATE FAMILY (Not to exceed four working days)

(IMMEDIATE FAMILY IS DEFINED AS SPOUSE; NATURAL, FOSTER, OR STEP PARENT; CHILD; BROTHER OR SISTER; FATHER-IN-LAW; MOTHER-IN-LAW; GRANDCHILD; OR ANY RELATIVE RESIDING IN THE HOUSEHOLD; DOMESTIC PARTNER; OR PARENT OR CHILD OF SUCH DOMESTIC PARTNER OR RELATIVE OF SUCH DOMESTIC PARTNER RESIDING IN THE HOUSEHOLD.)

JURY DUTY

CIVIL SERVICE EXAM

OTHER _____

Employee Signature _____

Date: _____

RECOMMENDATION OF SUPERVISOR:

APPROVED

With Pay

Without Pay

Medical Documentation Form Received

DISAPPROVED

Remarks: _____

Supervisor's Signature _____

Date: _____