



FIRE DEPARTMENT • CITY OF NEW YORK

APPLICATION FOR EXTENDED LEAVE OF ABSENCE

I. EMPLOYEE INFORMATION

NAME (PRINT)	EMPLOYEE REF. #	CIVIL SERVICE TITLE	
BUREAU/DEPARTMENT	WORK TELEPHONE #	HOME TELEPHONE #	
HOME ADDRESS	CITY	STATE	ZIP CODE

II. TYPE OF LEAVE (Please Check One)

FAMILY AND MEDICAL LEAVE ACT (FMLA) <input type="checkbox"/>	MEDICAL <input type="checkbox"/>	CHILD CARE <input type="checkbox"/>
PERSONAL <input type="checkbox"/>	ADVANCED <input type="checkbox"/>	MILITARY <input type="checkbox"/>
		DISCRETIONARY GRANT <input type="checkbox"/>

III. DATES REQUESTED

NUMBER OF WORKING DAYS <input style="width: 50px;" type="text"/>	HOURS <input style="width: 50px;" type="text"/>
FIRST DAY/HOUR OF ABSENCE	LAST DAY/HOUR OF ABSENCE
<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/> AM/PM <small>MM DD YYYY</small>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/> AM/PM <small>MM DD YYYY</small>

IV. COMPENSATION WITH PAY WITHOUT PAY

V. EMPLOYEE SIGNATURE	DATE

INSTRUCTIONS & REQUIRED DOCUMENTATION

A Leave of Absence Request must be completed for all absences that exceed thirty (30) days. For detailed information regarding extended leaves see the Time & Leave Manual.

All requests, except Medical, must be submitted to your supervisor before submission to Bureau of Personnel Resources, 9 MetroTech Center, Brooklyn, NY 11201.

Proper documentation must be attached. For required documents see Page 2 of this form.

BUREAU RECOMMENDATIONS

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REMARKS _____ SUPERVISOR SIGNATURE (Print and Sign) _____ Date _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REMARKS _____ BUREAU HEAD SIGNATURE (Print and Sign) _____ Date _____
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PERSONNEL USE ONLY

DOCUMENTATION ATTACHED: <input type="checkbox"/>	DATE PACKAGE RECEIVED: _____
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