



FIRE DEPARTMENT CITY OF NEW YORK

LEAVE OF ABSENCE REQUEST

(The employee is to fill out Section I and II.)

I. EMPLOYEE IDENTIFICATION

DATE OF REQUEST
EMPLOYEE'S NAME
CIVIL SERVICE TITLE
BUREAU
HOME ADDRESS
HOME PHONE
WORK PHONE
Civil Service Status
EMPLOYEE'S SIGNATURE

II. LEAVE REQUEST INFORMATION (DOCUMENTATION MUST BE ATTACHED WITH THE REQUEST.)

Check type of leave

- 1. Child Care, Sick, Military, Personal, FMLA
2. First request, Extension of Request
3. with Pay, without Pay
4. From To

III SUPERVISOR'S RECOMMENDATION

- Your request has been approved/denied
You are not eligible to request this type of leave.
The Department due to the present workload cannot release you at this time.
The documentation attached. Please resubmit with appropriate documentation.
Documentation provided lacks sufficient information as indicated.
Other

IMMEDIATE SUPERVISOR'S SIGNATURE DATE
BUREAU HEAD SIGNATURE DATE

IV PERSONNEL OFFICE COMMENTS DATE RECEIVED REQUEST