



THE NEW YORK CITY DEPARTMENT OF EDUCATION

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DIVISION OF HUMAN RESOURCES
Medical, Leaves & Benefits
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LEAVE OF ABSENCE WITH PAY RECOMMENDATION FORM

This form is to be completed by the immediate supervisor, countersigned by the Executive Director/Director and attached to the application for leave of absence with pay.

NAME OF EMPLOYEE _____ **SOCIAL SECURITY NO.** _____/_____/_____
TITLE _____
OFFICE _____
DIVISION _____

How long have you supervised this employee? _____

Please provide your assessment of this employee in the following areas utilizing “O” for outstanding “S” for satisfactory and “U” for unsatisfactory.

ATTENDANCE* _____ **RELIABILITY** _____
PUNCTUALITY _____ **COOPERATION** _____

*If the employee’s attendance has been adversely affected by the illness which necessitates this leave, please provide you assessment of the employee’s attendance prior to this illness.

Please provide your recommendation regarding this request for leave of absence with pay and indicate specific reasons to support your recommendation. Please note that employee’s performance must be satisfactory for leave to be considered. If less than satisfactory, please explain. (Use the reverse side of this page, if necessary).

In addition, in order to consider a medical leave with pay, **THE LENGTH AND CHARACTER OF SERVICE MUST BE EXPLICITLY ADDRESSED IN RECOMMENDATION.**

WITH PAY

WITHOUT PAY

COMMENTS _____

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

SIGNATURE OF EXECUTIVE DIRECTOR/DIRECTOR

DATE