



NEW YORK CITY DEPARTMENT OF EDUCATION

APPLICATION TO USE EARNED ANNUAL/SICK LEAVE OR REPORT NON-CHARGEABLE ABSENCE

NAME (PRINT) LAST FIRST INITIAL	OFFICE/BUREAU
TITLE	STATUS <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY

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

DATE(S) OF ABSENCE		CHECK (./) DAY(S) ABSENT							TOTAL AMOUNT OF ABSENCE		
FROM	TO	SUN	MON	TUE	WED	THU	FRI	SAT	DAYS	HOURS	MINS

SUBMIT ANNUAL LEAVE APPLICATION PRIOR TO THE ABSENCE (EXCEPT IN THE CASE OF AN EMERGENCY)	CHARGEABLE ABSENCE	SUBMIT SICK LEAVE APPLICATION IMMEDIATELY UPON YOUR RETURN TO DUTY
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<p style="text-align: center;">ANNUAL LEAVE</p> CHARGE AS: <input type="checkbox"/> VACATION <input type="checkbox"/> PERSONAL BUSINESS <input type="checkbox"/> PERSONAL BUSINESS - LATE ARRIVAL (Prior Approval)	<p style="text-align: center;">SICK LEAVE</p> CHARGE AS: <input type="checkbox"/> PHYSICIAN'S CERTIFICATE (Attached) <input type="checkbox"/> SELF-TREATED ILLNESS (Briefly describe illness on line below)
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NON-CHARGEABLE ABSENCE
(Check appropriate box and explain below) (OFFICIAL BUSINESS)

MEETINGS
 FIELD ASSIGNMENT (IE: MESSENGER, AUDIT)
 FAILURE TO CLOCK IN/OUT
 OTHER

EXPLANATION:

EMPLOYEE SIGNATURE	DATE
DATE RECEIVED	TO BE COMPLETED BY APPROVING OFFICER IMMEDIATE SUPERVISOR DATE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REASON FOR DISAPPROVAL DATE
	TO BE COMPLETED BY TIMEKEEPER
	RECORDED BY
	DATE