



NEW YORK CITY DEPT OF EDUCATION
DIVISION OF HUMAN RESOURCES
BUREAU OF ADMINISTRATIVE SERVICES
 65 Court Street - Room 506
 Brooklyn, NY 11201

APPLICATION FOR EXCUSE OF ABSENCE WITH PAY
 (Under Rule 6.8-Rules and Regulations for
 Administrative Employees)
FOR CENTRAL HEADQUARTERS EMPLOYEES

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES.

SECTION 1 - IDENTIFYING INFORMATION EXCEPT FOR SIGNATURES

EMPLOYEE NAME	SOCIAL SECURITY NUMBER ____ - ____ - ____
EMPLOYEE HOME ADDRESS (INCLUDE ZIP CODE)	
CIVIL SERVICE TITLE	PAYROLL BANK
DISTRICT OR SCHOOL/DIVISION OR OFFICE	SECTION/UNIT (if Applicable)
DATE OF ABSENCE (SEPARATE MONTHS) MONTH ____ DAY ____ YEAR ____ MONTH ____ DAY ____ YEAR ____	TOTAL TIME OF ABSENCE DAY(S) ____ HOURS ____ MINUTES ____
SIGNATURE OF EMPLOYEE	DATE

SECTION 2 - EXCUSE OF ABSENCE. PLEASE CIRCLE THE APPROPRIATE NUMBER.

1. **JURY DUTY.** Attach official documentation certifying dates of service.
 2. **DEATH IN IMMEDIATE FAMILY OR IMMEDIATE HOUSEHOLD UP TO FOUR DAYS OF EXCUSED ABSENCE.** State below the name and relationship of the deceased, date of death and date of funeral. If additional time is needed because of death or funeral at a place remote from the City of New York, please describe below.
 3. **ATTENDANCE OF FUNERAL OF RELATIVE UP TO ONE DAY OF EXCUSED ABSENCE (OTHER THAN NO. 2 ABOVE).** State below the name of the deceased and relationship. If married, indicate below if the deceased is related to you through marriage.
 4. **FUNERAL OF CO-WORKER FOR UP TO FOUR HOURS OF EXCUSED ABSENCE.** For a funeral of a co-worker or some other person connected with your department. State below the name of the deceased.
 5. **GRADUATION FOR UP TO ONE DAY OF EXCUSED ABSENCE.** State relationship below and attach graduation program that includes a list of graduates, date, time and grade/degree.
 6. **ATTENDANCE AT A COURT AS WITNESS.** State below the nature of the action and attach a copy of subpoena.
 7. **ATTENDANCE AT DEPARTMENT OF PERSONNEL (CITY CIVIL SERVICE) OR BOARD OF EXAMINERS.** For examination, investigation or interview. State below arrival and departure time and the title of the examination and where the absence is due to written, performance, medical or physical examination, investigation or interview. If due to interview, state what department(s) below.
 8. **WORKERS' COMPENSATION.** For first week of absence covered by Workers' Compensation Law caused by injury during the course of employment three hours to attend related Worker's Compensation hearing. Attach a copy of C-2 for or verification of attendance at hearing.
 9. **MILITARY OR NAVAL DUTY FOR UP TO 22 WORK DAYS OR 30 CALENDAR DAYS.** Attach a certificate of attendance, drill schedules or military orders from commanding officer. State below number of work days you served this calendar year (excluding this application).
 10. **QUARANTINE.** Attach a doctor's note that includes date of quarantine period.
 11. **OTHER AUTHORIZED ABSENCES.** Including Selective Service Act, blood donation, attendance at conventions, conferences or workshops, attendance before legislative body. Please explain below and attach appropriate documentation.
- EXPLANATION (IF REQUIRED) _____
- _____
- _____

SECTION 3 - AUTHORIZED SIGNATURES

Line Manager: (circle one)	APPROVED	DISAPPROVED
DATE _____ TITLE _____	SIGNATURE _____	
Personnel Officer, DBM or Chief Timekeeper (circle one)	APPROVED	DISAPPROVED
DATE _____ TITLE _____	SIGNATURE _____	
Organization Head or Designee: (circle one)	APPROVED	DISAPPROVED
DATE _____ TITLE _____	SIGNATURE _____	