THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT - HR CONNECT
OFFICE OF MEDICAL, LEAVES AND RECORDS ADMINISTRATION
65 Court Street, Brooklyn, NY 11201

Application for Non-Medical Leave of Absence - Administrative Employees

Leave Type _____ **Leave of Absence From** _____ **To** _____ **(inclusive)**

TO BE COMPLETED AND SIGNED BY EMPLOYEE:

Employee's First Name _____ Social Security Number _____ _____ _____

Employee's Last Name _____ Borough _____ District _____ CFN _____

Home Address _____ Title _____

City _____ State _____ Zip _____ Work Location _____

Home Telephone _____ Work Address _____

Work Telephone _____

Work Email _____ City _____ State _____ Zip _____

Choose one: ☐ Permanent Employee ☐ Provisional Employee

Choose one: ☐ Full-time Employee ☐ Part-time Employee

Date of Permanent Appointment _____ Hire Date _____

I hereby certify that the above is accurate.

Signature of Employee _____ Date _____

TO BE COMPLETED BY PRINCIPAL / SUPERVISOR:

I hereby ☐ approve ☐ disapprove the above request for non-medical leave of absence.
(Insert comments below or attach reason)

Comments _____

Signature of Principal / Supervisor _____ Date _____