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

PD 6: Application For Leave of Absence for Health Reasons - Administrative Employees

TO BE COMPLETED AND SIGNED BY EMPLOYEE:

Employee's First Name

Employee's Last Name

Social Security Number

Borough District CFN

Home Address

City State Zip

Title

Work Location

Home Telephone

Work Telephone

Work Email

Work Address

City State Zip

Choose one:
☐ Permanent Employee ☐ Provisional Employee

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

Date of Permanent Appointment Hire Date

Note: To request leave of absence for health reasons, you must have worked minimum 1250 hours as a provisional employee.

I hereby request a Leave of Absence: ☐ **Without Pay*** ☐ **With Pay**** from to (inclusive)

amounting to period of time.

*If this leave is **without pay** (only check one if you are a member of Board of Education Retirement System):
☐ I do ☐ I do not request permission to contribute to the retirement system pursuant to policy adopted by the Personnel Division in July, 1961 and in accordance with Section 4 of the Rules and Regulations of the Board of Education Retirement System.

If this leave is **with pay: I understand that I must submit the Leave of Absence with Pay Recommendation Form with this application.

Signature of Employee Date

TO BE COMPLETED BY PAYROLL SECRETARY / TIMEKEEPER:

****Physician's statement must be attached to this application form****

Date of Commencement of employee's continuous absence

Sick leave which has been used during current absence

Sick leave balance remaining to employee's credit

If sick leave has been exhausted, give date when exhausted

Annual leave which has been used during current absence

Annual leave (including all earned credits) still remaining

I hereby certify that the above is accurate.

Signature of Payroll Secretary / Timekeeper Date

TO BE COMPLETED BY PRINCIPAL / SUPERVISOR:

I hereby approve the above request for leave of absence:

☐ **With Pay**** ☐ **Without Pay** (Insert comments below or attach reason)

If this leave is **with pay: The employee must submit the Leave of Absence with Pay Recommendation Form with this application.

Comments

Signature of Principal / Supervisor Date