



FIRE DEPARTMENT CITY OF NEW YORK

LEAVE OF ABSENCE REQUEST

(The employee is to fill out Section I and II.)

I. EMPLOYEE IDENTIFICATION

EMPLOYEE'S NAME, CIVIL SERVICE TITLE, BUREAU, HOME ADDRESS, HOME PHONE, WORK PHONE, DATE OF REQUEST, SS #, Civil Service Status (Perm., Prob., Prov, Labor Class, Non-Competitive), EMPLOYEE'S SIGNATURE

II. LEAVE REQUEST INFORMATION (DOCUMENTATION MUST BE ATTACHED WITH THE REQUEST.)

Check type of leave

- 1. Child Care, Sick, Military, Personal, FMLA (12 weeks maximum per year) Medical documentation must be attached, S/L A/L Advancement, Ext S/L - (Must have 10yrs or greater and submit corroborating Medical Documentation with a potential return to duty date)
2. First request, Extension of Request
3. with Pay, without Pay
4. From MONTH DAY YEAR To MONTH DAY YEAR

III SUPERVISOR'S RECOMMENDATION

- Your request has been approved. Your request has been denied for the reason indicated below:
You are not eligible to request this type of leave.
The Department due to the present workload cannot release you at this time.
The documentation attached. Please resubmit with appropriate documentation.
Documentation provided lacks sufficient information as indicated.
Other

IMMEDIATE SUPERVISOR'S SIGNATURE DATE

BUREAU HEAD SIGNATURE DATE

IV PERSONNEL OFFICE COMMENTS

DATE RECEIVED REQUEST

Blank lines for personnel office comments and date received request.