

FIRE DEPARTMENT CITY OF NEW YORK

CIVILIAN PERSONNEL  
APPLICATION FOR LEAVE

(Prepare for ANY Absence)

TO BE FILLED IN BY EMPLOYEE:

Bureau: \_\_\_\_\_ Division/Battalion: \_\_\_\_\_

I, \_\_\_\_\_ hereby apply for leave  with pay  
 without pay

From: \_\_\_\_\_ AM PM \_\_\_\_\_ To: \_\_\_\_\_ AM PM \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Number of days/hours	

Inclusive, for:

(Check appropriate box below)

- SICK LEAVE \* (Explain nature of illness) \_\_\_\_\_
- ANNUAL LEAVE
- TIME AGAINST OVERTIME (Compensatory Time)
- OTHER REASONS (Explain): \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

NOTE: \* If leave is for illness of more than three days, a physician's certificate must be submitted or payment may be withheld. However, it is to the employee's advantage to document every sick leave absence promptly upon return to work, since undocumented sick leave absences may result in placement on Steps which can be detrimental to the employee's record.

RECOMMENDATION OF IMMEDIATE SUPERVISOR:

- APPROVED  with pay  without pay
- Received medical documentation

UNAUTHORIZED ABSENCE

DISAPPROVED (Remarks) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_