

In accordance with agency rules, all employees are required to submit a Request for Leave of Absence Form whenever they are absent from work for thirty days or more, or for absences related to Worker's Compensation, Military Leave and the Family and Medical Leave Act (FMLA). This form must be submitted with the appropriate original documentation in order to be considered for approval.

# Please type or print all information on the form:

# Section 1 – Employee Information

Home Address: Indicate your home address (not your work address).

**ERN:** Use your seven- digit Employee Reference Number (ERN), not your social security number. Your ERN is located on your timecard label (underneath your last name) and can be found on your pay stub (as Reference #). If you use CityTime, your ERN is the number you use to log on. **Civil Service Title:** Indicate your civil service title (not your in-house title).

# Section 2 – Type of Absence Requested

Check the type of leave you are requesting (**only check one leave type**). The Leave Start Date is the first day of the absence. The Leave End Date is the last day of the absence. Once you have completed Sections I and II and signed the form, your Request for Leave of Absence along with the required documentation (based on leave type) must be submitted to your direct supervisor for approval processing.

# Leave Types and Required Documentation

**Sick/Worker's Compensation:** A Request for Leave of Absence Form and a new doctor's note must be submitted every 30 days. The note must include the date you were seen by the doctor, the dates you are unable to work, and the date you may return to work or will be re-evaluated by a doctor. Worker's Compensation requests must also include the Worker's Compensation 'packet' (which notifies the Agency that you were injured on the job) and the doctor's notes must include the nature of the injury or illness (diagnosis).

**Child Care/FMLA:** In addition to the Request for Leave of Absence Form, the employee must also submit a Request for Leave under the Family and Medical Leave Act Form, and the Certification of Physician or Other Health Care Provider Form. Child Care/FMLA are continuous leaves and do not need to be submitted every 30 days.

**Military:** In addition to the Request for Leave of Absence Form, the employee must also submit a copy of any relevant military documentation (i.e. contract or service agreement, quarterly drill schedule, certification of attendance, military orders). Military leave is a continuous leave and does not need to be submitted every 30 days.

**Personal:** In addition to the Request for Leave of Absence Form, the employee must submit a letter indicating the reason for the request. A personal leave is an unpaid leave of absence and cannot exceed a period of one year. Only employees with a permanent civil service title and more than 10 years of City service are eligible for personal leaves. Personal leave is a continuous leave and does not need to be submitted every 30 days.

# Section 3 – Borough/Bureau Approvals

Signatures must be obtained from the employee's direct Supervisor, the division/district manager, and a Chief or above.

Once all required Borough/Bureau approval signatures have been obtained, the form must be submitted to the Payroll & Timekeeping Division (Arsenal West, 24 West 61<sup>st</sup> St, 3<sup>rd</sup> Floor, New York NY, 10023) with all original documentation attached.

# Section 4 – Agency Head or Designee Approval

Director of Payroll & Timekeeping will review the form and documentation to determine eligibility, and obtain Agency Head or Designee's Approval.

# Section 5 – Payroll Use Only

For Payroll & Timekeeping Use ONLY - DO NOT WRITE IN THIS SECTION !!!

Timekeeper: For the employee requesting the leave, indicate the days of the week that the employee works, the tour of duty, the available Sick, AL and CT balances **at the start of the leave**, and the payroll distribution code. Sign and date the form and submit to TK Supervisor and/or Deputy Director for review and approval.