

NEW YORK CITY HOUSING AUTHORITY

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (<i>Print</i>)	EMPLOYEE ID #	DATE
EMPLOYEE'S TITLE	DEPARTMENT/DIVISION OR DEVELOPMENT	

If requesting a leave of absence over 30 calendar days, you must provide your address and telephone number.

HOME ADDRESS	CITY	STATE/ZIP	TELEPHONE # ()
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REQUEST

ANNUAL LEAVE BALANCE AS OF 1ST DAY OF ABSENCE	LEAVE REQUESTED	NUMBER OF WORKING Days	HOURS	FIRST DAY AND HOUR OF ABSENCE	LAST DAY AND HOUR OF ABSENCE
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Annual Leave shall be taken at the convenience of the Authority. If the interests of the Authority so dictate, any absence may be investigated and corroborating evidence may be required. For leave of more than 30 calendar days because of illness or childcare, supporting documentation must be attached.

I hereby request a leave of absence for the reason(s) stated below. Describe in detail and attach supporting documentation if required.

WITH PAY AND/OR
 WITHOUT PAY
 EXCUSED

ANTICIPATED LEAVE – I hereby request _____ days of leave with pay in anticipation of leave to be earned in the future. If approved, I understand that beyond my approved anticipated leave, **ALL** future absences will be pay docked until the amount is repaid in full. In order for this request to be considered, I have attached the Health Care Certification (NYCHA 015.216) with my treating physician's original signature affixed.

ADVANCE VACATION PAY – This request must be submitted at least 30 calendar days before the vacation begins. An advance of up to four weeks vacation pay may be given only if there is an equal amount of accrued leave available.

I hereby affirm that during the entire period of leave of absence without pay, I will not be employed outside the New York City Housing Authority. I hereby certify that I have sufficient leave to cover this advance vacation pay request.

EMPLOYEE'S SIGNATURE	DATE
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APPROVALS

ADVANCE VACATION PAY REQUEST

APPROVED I hereby certify that the employee has sufficient leave time for the requested advance vacation pay.
 DISAPPROVED I hereby certify that the employee has insufficient leave time for the requested advance vacation pay.

SUPERINTENDENT (<i>Print & Sign</i>) (<i>where applicable</i>)	DATE
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DIVISION CHIEF OR HOUSING MANAGER (<i>Print & Sign</i>) (<i>where applicable</i>)	DATE
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LEAVE OF ABSENCE REQUEST

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
REMARKS _____	REMARKS _____
_____	_____
DIVISION CHIEF/HOUSING MANAGER (<i>Print & Sign</i>) DATE	DEPARTMENT DIRECTOR (<i>Print & Sign</i>) DATE

INSTRUCTIONS

FORWARD TO DEPARTMENT DIRECTOR WHO WILL FORWARD TO DIRECTOR OF HUMAN RESOURCES FOR FINAL APPROVAL FOR THE FOLLOWING REQUESTS:

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| 1. Leave for over 30 calendar days | 4. Excused absences as delegate to Veterans' convention for State Guard and organized military reserve training for eligible employees |
| 2. Leave under the Family Medical Leave Act (FMLA) | |
| 3. Anticipated leave | |

FOR DIRECTOR OF HUMAN RESOURCES USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	NAME (<i>Print</i>)	SIGNATURE
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Director of Human Resources