

The City of New York
Department of Citywide Administrative Services

CONDITIONAL RESIGNATION AND REQUEST FOR LEAVE OF ABSENCE
PURSUANT TO PSB NO. 200-10

TO: Personnel Director

(Leave Agency)

I have accepted a position subject to a probationary period as follows:

(Civil Service Title)

(Agency)

(Proposed Start Date)

I am requesting a leave of absence for the duration of the probationary period. If granted this leave, I will submit a letter of resignation at the end of my probationary period to the Personnel Director of the agency that granted me the leave (Leave Agency). If my probationary period is extended for any reason, I will notify the Leave Agency of such extension. I understand that even if I do not submit a letter of resignation at the end of my probationary period, my leave of absence and position will be terminated.

Prior to termination or resignation during my probationary period, I must notify my Leave Agency of my intention to return to work. I understand that upon return, I must continue to meet the applicable qualification and/or residence requirements of my former title.

(Print Employee Name)

(Employee Signature)

(Date)

NOTICE TO EMPLOYEE

G Your request for a leave of absence pursuant to PSB No. 200-10 is approved effective_____.

G Your request for a leave of absence pursuant to PSB No. 200-10 is not approved because:

G you are not a covered employee.

G you have not accepted a position at an agency under the jurisdiction of the Personnel Rules and Regulations of the City of New York.

G you have not accepted a position that requires serving a probationary period.

(Print Name)

(Signature)

(Title)

(Agency)

(Date)