



**THE CITY OF NEW YORK
FIRE DEPARTMENT
CIVILIAN PERSONNEL
APPLICATION FOR LEAVE**

(Prepare for any absence)

TO BE FILLED IN BY THE EMPLOYEE

Bureau _____ Division: _____

I, _____ hereby apply for leave With Pay
 Without Pay

From: ____:____ ____/____/____ To: ____:____ ____/____/____
MM DD YYYY MM DD YYYY

Number of Days _____ Hours _____
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Inclusive for: *(Check appropriate box below)*

- SICK LEAVE *(Explain nature of illness)* _____
 Documented midweek Undocumented Midweek Documented <>P/D Undocumented <> P/D
- ANNUAL LEAVE
 Vacation Personal Days Religious Observance
- TIME AGAINST OVERTIME *(Compensatory time)*
- FLOATING HOLIDAY
- DEATH IN FAMILY *(Not to exceed four work days)*
- MILITARY LEAVE
- LODI / WORKER'S COMPENSATION
- OTHER REASONS _____

Signature of Employee: _____ Date ____/____/____

NOTE: *If leave is for illness of more than three days, a Civilian Medical Documentation Form **MUST** be submitted. However, it is to the employee's advantage to document **every** sick leave absence.*

RECOMMENDATION OF IMMEDIATE SUPERVISOR:

- Approved With Pay Without Pay Received Civilian Medical Documentation Form
- DISAPPROVED, UNAUTHORIZED (REMARKS) _____

Signature of Supervisor: _____ Date ____/____/____