



**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	<input type="text"/>
Hours	<input type="text"/>

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 ____/____/____