



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**
THE CITY UNIVERSITY OF NEW YORK
OFFICE OF FACULTY AND STAFF RELATIONS
Human Resources Department
300 JAY STREET • SUITE H-1102
BROOKLYN, NY 11201-1909
718.473.8701 • Fax 718.473.8769

REQUEST FOR LEAVE

Name: _____

Title: _____

Department: _____

I am requesting to use _____ hour(s)/day(s) of **annual leave** on the following date(s): _____

I am requesting to use _____ hour(s)/day(s) of **sick leave** on the following date(s): _____

I am requesting to use _____ hour(s)/day(s) of **other leave** (please specify below) on the following date(s): _____

Employee's Signature: _____

Date: _____

Approved **Not Approved**

Supervisor's Signature: _____

Date: _____