



**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:** \_\_\_\_\_