

**Borough of Manhattan Community College
Office of Human Resources
Application for Leave**

Name: _____ **Department:** _____

Type of Leave	<input type="checkbox"/>	Annual
	<input type="checkbox"/>	Compensatory
	<input type="checkbox"/>	Unscheduled Holiday
	<input type="checkbox"/>	Sick

From: _____ **To:** _____

Total days/hours: _____

Employee's Signature _____
Date

Signature of Approving Officer _____
Date

Signature of Division VP/Dean _____
Date

- Note:**
- I. Signature of Division VP/Dean is required when Annual Leave request exceeds 10 consecutive workdays.**
 - II. For Instructional Teaching and Non-Teaching Staff (Faculty, CLTs and HEOs), an original physician's certificate must be presented upon return where illness exceeds 5 consecutive workdays.**
 - III. For all other employees, an original physician's certificate must be presented upon return where illness exceeds 3 consecutive workdays.**
 - IV. Application for all leaves must be submitted to the Office of Human Resources prior to the beginning of the leave date.**