

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

Name: _____ Department: _____

Type of Leave: **Annual**
 Compensatory
 Unscheduled Holiday
 Sick
 Temporary Disability Leave
 (Medical Documents submitted
 to HR: Yes () No ())

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 Leave request in excess of 10 consecutive Workdays

II. For illness in excess of 3 consecutive workdays, an original physician's certificate must be presented upon return.

III. Application for all leaves must be submitted to the Office of Human Resources prior to the beginning of the leave date.