



Human Resources

Borough of Manhattan Community College
The City University of New York
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APPLICATION FOR PARTIAL DISABILITY LEAVE OF ABSENCE

NAME: _____ SOCIAL SECURITY # _____

DEPARTMENT _____ TITLE: _____

PREVIOUS LEAVE DATES: FROM: _____ TO: _____

PROPOSED LEAVE DATES: FROM: _____ TO: _____

PARTIAL TEACHING WORKLOAD REDUCTION: _____ HOURS

REDUCTION OF ACCRUED SICK LEAVE: _____ DAYS

NOTE: 3 TEACHING HOURS = 16 DAYS SICK LEAVE PER SEMESTER

PURPOSE OF REQUESTED LEAVE: (Attach additional pages if necessary.)

I understand that this leave will be charged to my accrued sick leave and, at such time as that accrual balance is depleted, the leave will be without pay. I further understand that, while on partial leave, I will continue to accrue sick leave on a pro-rated partial basis. A partial leave of absence causes a break in service towards tenure or certificate of continuous employment.

I have been advised of the impact this leave will have on my personnel record.

Applicants Signature: _____ Date: _____

Chairperson's Signature: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

President's Signature: _____ Date: _____