

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

**Leave Record
-NON-TEACHING-**

MONTH _____ YEAR _____ DEPARTMENT _____

LAST NAME _____ FIRST NAME _____
(Print or Type Name)

Leave record must be submitted to the Office of Human Resources by the 5th of each month.

<p align="center"><u>SICK LEAVE</u></p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p>_____</p> <p>Doctor's note submitted? ____ Yes ____ No ¹ (Please check one)</p>	<p align="center"><u>ANNUAL LEAVE</u></p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p align="center"><u>COMPENSATORY TIME</u></p> <p>Indicate date and number of hours used _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>JURY DUTY</u> ²</p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>UNSCHEDULED HOLIDAY</u></p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p>_____</p>

Remarks:

Staff Member Signature

Date

Dept. Head/Supervisor Signature

Date

Note: ¹ For an illness in excess of 5 consecutive workdays, an original physician's certificate must be attached to the leave record.

² Pursuant to Article 32 of the PSC/CUNY Collective Bargaining Agreement, Jury Duty is paid leave time.