

**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 5<sup>th</sup> of each month.**

<p align="center"><b><u>SICK LEAVE</u></b></p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p>_____</p> <p>Doctor's note submitted? ____ Yes ____ No <sup>1</sup> (Please check one)</p>	<p align="center"><b><u>ANNUAL LEAVE</u></b></p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p align="center"><b><u>COMPENSATORY TIME</u></b></p> <p>Indicate date and number of hours used _____</p> <p>_____</p> <p>_____</p>
<p align="center"><b><u>JURY DUTY</u></b> <sup>2</sup></p> <p># of Days absent _____</p> <p>Exact dates of leave _____</p> <p>_____</p> <p>_____</p>	<p align="center"><b><u>UNSCHEDULED HOLIDAY</u></b></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: <sup>1</sup> For an illness in excess of 5 consecutive workdays, an original physician's certificate must be attached to the leave record.

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

<sup>3</sup> Annual Leave, compensatory time and unscheduled holidays may be used for religious observance purposes.