## BOROUGH OF MANHATTAN COMMUNITY COLLEGE Instructional Staff – Leave Record -TEACHING-

MONTH	Y	/EAR	DEPARTMENT	
AST NAME(Print or Type Name)			FIRST NAME	
Leave record	must be subr	nitted to the O	ffice of Human Resources by the 5 <sup>th</sup> of each	n month.
			reported. If none, write "NONE")	
Exact dates of leav	ve			
Doctor's note sub	mitted?	_ Yes N	To <sup>1</sup> (Please check one)	
JURY DUTY	2 REL	IGIOUS OBSE	CRVANCE3	
Number of days al	osent			
Exact dates of leav	ve			
Remarks:				
Staff Member Sig	nature	Date	Dept. Head/Supervisor Signature	Date
<sup>2</sup> Pursuant to Article	32 of the PSC/0	CUNY Collective	an original physician's certificate must be attached. Bargaining Agreement, Jury Duty is paid leave ti are in session is an unpaid leave day.	I to the leave record me.

H:\H.R. Forms Web/Leave Record – Instructional Staff