## **BOROUGH OF MANHATTAN COMMUNITY COLLEGE**

## **Leave Record**

-ECP-

MONTH	YEAR	DEPARTMENT	
LAST NAME		FIRST NAME	
	or Type Name)		
Leave record must be submit	tted to the Office of Hu	uman Resources by the 5th of each mont	h.
SICK LEA		ANNUAL LEAVE	
# of Day's absent		# of Day's absent	
Exact dates of leave:	<del>-</del>	Exact dates of leave:	
Doctor's note submitted? (Please chec			
JURY DU	<b>TY</b> <sup>2</sup>	UNSCHEDULED HOLIDAY	
# of Day's absent		# of Day's absent	
Exact dates of leave:		Exact dates of leave:	
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.

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

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