

The Office of Human Resource Services 2900 Bedford Avenue · Brooklyn, NY 11210 TEL 718-951-5377 · FAX 718-951-4859 www.brooklyn.cuny.edu

Request for Annual Leave Instructional Non-Teaching Staff and Librarians (Submit to Department Head or Office Head)

PART A

| Name: | | Department: |
|--|------------|-----------------------------|
| Title: | | Total # of days requesting: |
| I request annual leave for the following day(s): | | |
| I request UH leave for the following day(s): | | |
| | | Date |
| PART B To be completed by Department Head or Office Head | | |
| Above request: | Approved □ | Denied □ |
| If denied, reason: | | |
| Alternate dates provide | d: | |
| | | Date |
| PART C Reviewed by Instructional Staff Timekeeper: | | |
| Action taken: | | |
| | Approved □ | Denied □ |

