

THE CITY UNIVERSITY OF NEW YORK  
BRONX COMMUNITY COLLEGE

NON-INSTRUCTIONAL STAFF  
APPLICATION FOR ANNUAL LEAVE

INSTRUCTIONS: To be completed, when requesting four (4) or more days annual leave, by staff member and reviewed by Chairperson or Supervisor. Forward to Director of Personnel.

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Name \_\_\_\_\_ Social Sec. # \_\_\_\_/\_\_\_\_/\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

I hereby apply for an Annual leave for the period

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature (Applicant)

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Recommendation of      Approved    Disapproved    Signature      Date

Chairperson/Supervisor    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Director of Personnel    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

For College Personnel Office Use

Total leave days on record to date \_\_\_\_\_

Total leave days to be used \_\_\_\_\_

Annual Leave days remaining \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_