



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

INSTRUCTIONAL STAFF SICK LEAVE FORM

NAME: _____ DEPARTMENT: _____
 TITLE: _____ SICK LEAVE BALANCE: _____
 DIVISION: _____ BALANCE AS OF: _____

COMPLETED AND SIGNED SICK LEAVE FORM DUE IN HUMAN RESOURCES WITHIN ONE WEEK OF RECEIPT

TIME AND LEAVE FOR THE PERIOD BEGINNING: _____ AND ENDING: _____

PSC/CUNY Agreement Article 16; 16.3(b): Temporary disability leave (Sick Leave) shall be computed commencing from the first absence from the assigned duties and shall include all additional calendar days, exclusive of Saturdays, Sundays, and authorized holidays and recesses until such person's return.

SICK LEAVE USED:

DATE(S): _____
 DATE(S): _____
 DATE(S): _____
 DATE(S): _____
 DATE(S): _____

TOTAL NUMBER OF DAYS USED: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

CHAIRPERSON/ VICE PRESIDENT
OR PRESIDENTS SIGNATURE: _____ DATE: _____