

The Office of Human Resources
REQUEST FOR TIME and LEAVE BALANCES

Last Name	
First Name	
Employee ID	
Job Title	
Phone Number	
Email Address	

You will receive your request within two to three business days.

Do Not Write in the Space Below

Requested Time	Hours Available	Equivalent No. of Days
Annual Leave Balance		
Sick Leave Balance		
Unscheduled Holiday		
Compensatory Time		

Additional Comments:

The above information includes accrual balances for the month(s) of _____.

This form may be dropped off to Time and Leave in Shepard Hall, room 92 or submitted via email to timeandleave@ccny.cuny.edu.