



Application to Receive Donated Annual Leave (Hurricane Sandy Relief)

This application is to be completed by individuals who are employed on full-time or part-time/hourly basis who believe they are eligible to receive donated annual leave through The City University of New York Hurricane Sandy Emergency Relief Annual Leave Bank Program.

To be completed by employee

Name of Employee: _____
Home Address: _____
Employee ID No.:* _____
Title: _____
College and Department: _____

* If you don't know your Employee ID No., please contact the College Office of Human Resources.

I request to receive _____ annual leave days (maximum of five (5) days). (Note: for part-time/hourly employees one day equals seven or eight hours as appropriate for the title). I have no annual leave days in my bank and I need to take annual leave for the following reasons related to Hurricane Sandy:

Employee Signature: _____ Date: _____

To be completed by the College Human Resources Director

Date Application Received: _____

Please note that this application is to be returned to the employee within five (5) working days of receipt of the application to the extent feasible.

- The employee is deemed eligible to receive _____ annual leave days through The City University of New York Hurricane Sandy Emergency Relief Annual Leave Bank Program
- I have reviewed the employee's application. The employee is not deemed eligible to receive annual leave days under The City University of New York Hurricane Sandy Emergency Relief Annual Leave Bank Program.

An employee whose request has been deemed ineligible by the College Office of Human Resources may appeal in writing to the college's Chief Administrative Officer within five (5) working days of having been notified in writing of the denial. Decisions issued by the college's Chief Administrative Officer shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

College Human Resources Director: _____ Date: _____