

### CITY Time and Leave Form

Name of Employee: \_\_\_\_\_ Pay Period Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

**Your must record vacation time under the Annual Leave column (“Ann”) on the [www.rfcuny.org](http://www.rfcuny.org) timesheet system. Do not submit this form if you are using sick leave only (Policy note: Sick leave may only be used if you are sick or if you have a doctor or dentist appointment. Annual leave should be used for any other paid time off.).**

Date of Leave	Total hours (7 maximum)
Monday: / /	
Tuesday: / /	
Wednesday: / /	
Thursday: / /	
Friday: / /	
Saturday: / /	
Sunday: / /	
Monday: / /	
Tuesday: / /	
Wednesday: / /	
Thursday: / /	
Friday: / /	
Saturday: / /	
Sunday: / /	

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date \_\_\_\_\_