

CUNY/HRA IT Specialists Internship Program 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”) and sick leave time under Sick Leave Column (“Sick”) on the www.rfcunyo.org timesheet system. (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	Annual Leave Total hours (7 maximum)	Sick 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 _____ Print Name: _____

Title _____

Date _____