

Office of Human Resources

Fiscal Year 2011-2012 Second Quarter Leave Report October 1, 2012 – December 31, 2012

NOTE THAT ALL LEAVES ARE NOW BEING TRACKED BY HOURS, RATHER THAN DAYS.

This *Administrative Staff Leave Report Form for 2nd Quarter of Fiscal Year 12/13* will assist your department/division and the Human Resources Department in tracking accrual and usage of vacation leave and floating holidays. You must submit this form to your supervisor in sufficient time for his or her signature and submission to the Human Resources Department. If you have any guestions regarding time reporting, please call Human Resources at 212-229-5671. This report must be submitted by **January 4, 2013**.

Please note that leave time should not be claimed for the shaded holiday dates shown in the calendars below.

Please indicate leave category and hours taken for each day using the following codes:					V# - VacationF# - Float(for a 7 hour work(for a 7 hour workday, enter V7)enter F7)			our wo		(for a	B# - Bereavement (for a 7 hour work day, enter B7)		S# - Sick Leave (for a 7 hour work day, enter S7)		L# - Leave Without Pay (for a 7 hour work day, enter L7)			ıy, İk	O# - Other: Please explain at the bottom of the page (for a 7 hour work day, enter O7)				
Employee ID: N Last N							Name:(p	Name:(please print)							First Name:								
Sup	erviso	r ID:	N La				st Name:(please print)						Fire				rst Name:						
			СН	ECK (mber 1					n. Empl or each							Emplo	yee				
OCTOBER								NOVEMBER								DECEMBER							
S	M 1	2	3 W	4	F	S 6		S	M	T	W	1 1	F	S 3		S	M	T	W	T	F	S	
																2	3	4	5	6	7	8	
7	8	9	10	11	12	13		4	5	6	7	8	9	10		9	10	11	12	13	14	15	
14	15	16	17	18	19	20		11	12	13	14	15	16	17		16	17	18	19	20	21	22	
21	22	23	24	25	26	27		18	19	20	21	22 H	23 H	24		22	24	25	2/	27	20	20	
00		-	0.4					25	26	27	28	29	30			23	24 H	25 H	26 H	27 H	28 H	29	
28	29	30	31					23	20	21	20	27	30			30	31 H						
Total Vacation hours used:												Total Floating Holiday <i>hour</i> s used											
Employee							oyee's Sig	s Signature:									Date:						
Supervisor							visor's Sig	Signature:								Date:							
						Please	return to	Office	of Hum	an Res	ources at	79 Fift	h Ave., 18	3th Floo	r by Ja	anuary	4, 2013	3					