## New York City Transit Authority Manhattan & Bronx Surface Transit Operating Authority

## Application for Leave of Absence Due to Illness

DEPARTMENT	R(	#/DIVISION		Date	20	
Name		Title	RDO	Pass No		
Absent from	20	A.M PM to	20	A.M. P.M. inclusive for	v r a total of	working days
						_ uays
I was unfit for work on accou because (state nature of disa	_	is period and request a	paid/unpaid (circle as	appropriate) leave of	absence	
·						
Did this illness arise as a res	ult of a service connec	cted incident?		Yes/No		
Name of treating physician_		Address		Telephone N	0	
	(print)		(print)			
Employee's Signature	Received: _	Supervisor	Pass No		Date	
Employee's Signature		Supervisor				
certification is required.	no	Do Not Write Be		lv)		
boctor's Certification (For Doctor's Use Only)  was treated or evaluated by me on the date/s indicated for an illness no					d faces What are maked	h alass
I nearby certify that	Employee's Name	was treated	or evaluated by me o	n the date/s indicate	d for an illness noted	below
Dates of treatment: Home _		Office		Hospital		
				, <u></u>		
DIAGNOSIS/OBJECTIVE FINE	JINGS					
TREATMENT/PROGNOSIS AND EXPECTED DATE						
OF RETURN						
I further certify that this illn	ess so incapacitated	this employee that he/s	he was incapable of i	performina his/her d	luties durina	
the period from:				=	_	which
the period from:				=	_	which
the period from: will be used for payment pu	irposes, is truthful.			=	_	which
I further certify that this illn the period from: will be used for payment pu	irposes, is truthful.			and that the informa	ation in this section, v	which
the period from: will be used for payment pu	irposes, is truthful.			=	ation in this section, v	which
the period from: will be used for payment pu	irposes, is truthful.			and that the informa	ation in this section, v	which

## **Departmental Report**

## Departmental Referral to Absentee Control

REASON FOR REFERRAL (check box if appropriate)  Review for incomplete certification Review for fraudulent/altered certification Review-is period of absences consistent with	n illness? Reviewed by				
Other					
LAST 12 MONTH USAGE REPORT	SICK LEAVE BANK	BALANCE	ACTION ON APPLICATION		
Substantiated Unsubstantiated Instances Instances	Prior to Request	Post Request	Approved PaidDaysHours UnpaidDaysHours DisapprovedDaysHours		
Sick Leave Control List	Ye:	s/No Signa	nture Department Head or Designee		
Reason for Disapproval:					
Signature					

58-60-0331(REV. 10/08)