

**THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN CAPITAL - HR CONNECT
MEDICAL, LEAVES AND RECORDS ADMINISTRATION
65 Court Street, Brooklyn, NY 11201**

Request for Leave of Absence for a 9/11-Related Illness Form

Submit this completed form along with your supporting documentation to HR Connect via email: HRConnectLeavesFax@schools.nyc.gov.
In the subject line, please include "9/11 Sick Leave."

| TO BE COMPLETED AND SIGNED BY EMPLOYEE: | | | |
|--|--|--|--|
| Employee's First Name <input style="width: 90%;" type="text"/> | EIS # <input style="width: 80%;" type="text"/> | EMPL ID # <input style="width: 80%;" type="text"/> | |
| Employee's Last Name <input style="width: 90%;" type="text"/> | Borough <input style="width: 80%;" type="text"/> | District <input style="width: 20%;" type="text"/> | Location Code <input style="width: 20%;" type="text"/> |
| Home Address <input style="width: 95%;" type="text"/> | Title <input style="width: 95%;" type="text"/> | | |
| City <input style="width: 20%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip <input style="width: 15%;" type="text"/> | Work Location <input style="width: 95%;" type="text"/> | | |
| Home Telephone <input style="width: 80%;" type="text"/> | Work Address <input style="width: 95%;" type="text"/> | | |
| Work Telephone <input style="width: 80%;" type="text"/> | City <input style="width: 20%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip <input style="width: 15%;" type="text"/> | | |
| Work Email <input style="width: 90%;" type="text"/> | | | |
| Choose one: Are you a(n): | | | |
| <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> Vested Employee <input type="checkbox"/> Beneficiary of an Eligible Employee | | | |
| 1. As of October 23, 2018, were you in an active status with NYC Department of Education or another City Agency? | | | |
| <input type="checkbox"/> Yes - in active status with NYC DOE <input type="checkbox"/> Yes - in active status with another City Agency <input type="checkbox"/> No | | | |
| 2. Have you filed a Notice of Participation with your Retirement System? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the Retirement System here: <input style="width: 80%;" type="text"/> | | | |
| 3. Have you obtained a diagnosis confirming that you have a 9/11-related illness from medical doctors in the World Trade Center Health Program's Center of Excellence ? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4. Have you previously taken a leave of absence that was related to your 9/11-related illness? If you are a beneficiary of an employee, indicate any dates that the employee took as a result of a 9/11-related illness. | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please enter the dates of your previous leaves of absence: <input style="width: 80%;" type="text"/> | | | |
| I hereby request a Leave of Absence: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent from <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> | | | |
| amounting to <input style="width: 100px;" type="text"/> period of time. | | | |
| Comments <input style="width: 95%; height: 40px;" type="text"/> | | | |
| Signature of Employee/Beneficiary <input style="width: 90%;" type="text"/> | | | Date <input style="width: 80%;" type="text"/> |