



THE NEW YORK CITY DEPARTMENT OF EDUCATION
 DIVISION OF FINANCIAL OPERATIONS
 ADMINISTRATIVE/SUPPORT PAYROLLS
 65 Court Street – Room 1003
 Brooklyn, NY 11201
 Telephone: (718)935-3030, Fax (718)935-4093
 Cybershift Fax (718)935-2795

ADMINISTRATIVE EMPLOYEE DONATION OF LEAVE FOR ILLNESS

In order to donate sick leave, your sick leave balance (sick leave remaining AFTER you donate sick leave days) must be at least 24 days.

An Administrative/Hourly employee must contribute two (2) days of sick time for every one (1) day of sick time donated to the recipient. Managers must contribute three (3) days of sick time for every one (1) day of sick time donated to the recipient. If you donate annual leave, it will be donated as one (1) full day.

To be completed by employee:

Name: _____

SS Number: _____

Civil Service Title: _____

Sick Leave Balance (including manager’s vested/sub-managerial sick leave): _____

I wish to donate time to _____ (Employee Name) _____ SS #

I wish to donate _____ days/hours (circle one) of sick leave which will result in a total deduction of _____ days/hours from my sick balance.

I wish to donate _____ day(s) of annual leave on a one to one basis.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

I understand that my sick leave balance or annual leave balance will be reduced. Please return this application to your Payroll Officer.

Attn Payroll Secretary/Timekeeper: Fax Administrative employees application to Cybershift (see Fax number at top of application).