



Instructional Staff

CITY UNIVERSITY OF NEW YORK

QUEENS COLLEGE

SPECIAL LEAVE OF ABSENCE FOR CHILD CARE

(Employee Completes)

NAME _____ **DEPARTMENT** _____

SOCIAL SECURITY # _____

Dates of Requested Leave: From _____ **Through** _____

**This leave is granted in accordance with Article 16; Section 16.8 of the agreement
Between the Board of Trustees of The City University of New York and the Professional
Staff Congress.**

Signature _____ **Date** _____

Address _____

(Chairperson/Supervisor Completes)

Is Substitute Necessary? _____ **Salary of Substitute** _____

Signature _____
Chairperson/Supervisor

Signature _____
Dean

FOR PERSONNEL OFFICE USE ONLY

Without Pay From _____ **Through** _____