



Non-Instructional Staff

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CITY UNIVERSITY OF NEW YORK

QUEENS COLLEGE

APPLICATION FOR CHILD CARE LEAVE

Part A (To Be Completed By Applicant)

NAME _____ SOCIAL SECURITY # _____

DEPARTMENT _____ TITLE _____

I hereby apply for child care leave from _____ to _____
in accordance with pertinent provisions of Civil Service Regulations.

Signature _____ Date _____

I became a parent on _____ by birth ____ adoption____. If by adoption
state birth date of child _____.

Part B (To be noted by Department Chairperson and Personnel Director)

Signature _____ Date _____
Chairperson/Supervisor

Signature _____ Date _____
Personnel Director

Part C (To be completed by Personnel Office)

Effective Date of SLOAC _____

EB 1054 Submitted on _____

EB 88 & Revised EB 1054 (if necessary) Submitted On _____

Signature _____ Date _____
Personnel Director