**Retroactive Unlimited Sick Leave Request Form**

The City provides unlimited paid sick leave to eligible employees in active status who participated in World Trade Center rescue, recovery and cleanup operations who have contracted 9/11 related illnesses.

For further details, please refer to [Personnel Service Bulletin 440-17 Unlimited Paid Sick Leave for Employees with 9/11 Related Illnesses](https://www1.nyc.gov/assets/dcas/downloads/pdf/reports/440_17.pdf).

Please fill out the form below with appropriate signatures and return to the Human Resources Department.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Retroactive Unlimited Sick Leave Requested (employee must provide a valid doctor’s note(s) relevant to each absence and attach it to this form):

|  |  |
| --- | --- |
| Date of Retroactive Leave | Statement of what the leave was used for |
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