



2001 Central Park Ave Yonkers NY 10710

**TIME BENEFITS REQUEST****Paid leave request for:**

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

Work Site: \_\_\_\_\_ Borough/County: \_\_\_\_\_

Your Site Manager: \_\_\_\_\_

**Type of paid leave:**☐ Annual Vacation      Date of Scheduling      From: \_\_\_\_\_ To: \_\_\_\_\_☐ Personal Day      Date of Scheduling      From: \_\_\_\_\_ To: \_\_\_\_\_☐ Money Only:      Pay week      From: \_\_\_\_\_ To: \_\_\_\_\_

If you are requesting pay for a vacation week, or you work at a location that pays for a sick day or a personal day and you intend to work on those days and receive your normal pay. You will be paid on your normal pay date.

Explain: (include dates) \_\_\_\_\_

**Manager:**

Pre-approval: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

Schedule covered:    ☐ YES    ☐ NO**OFFICE USE ONLY****Payroll:** Hours worked within 52 weeks period \_\_\_\_\_Approved ☐Denied ☐

Signature: \_\_\_\_\_