



To be Completed by the Agency Requesting Leave of Absence Extension

SECTION 1

Agency Code, Agency (including address), Name of Employee on Leave, Social Security Number, ON LEAVE FROM, Hold Item Information - Title, Item No., Current Leave Ends, Extension Requested Through, Grade, Juris. Class, ON LEAVE TO, Agency, Agency Code, Title, Item No., Juris. Class

ATTESTATION: The extension of this employee's leave of absence is deemed to be in the best interest of state government. [ ] Retroactive Request Due to Administrative Error

Name (Please Type or Print), Title, Signature, Date, Telephone Number

Instructions for Completion by Requesting Agency

SECTION 2

- 1. The "Requesting Agency" completes Section 1. This includes the: Agency Information, Employee Information, Hold Item Information, Attestation. Once completed, the signed form should be emailed to the Office of Commission Operations & Municipal Assistance at commops@cs.ny.gov. 2. The Commission staff will notify the agency of the action taken. 3. If the Commission acts favorably on the request, Commission staff will update NYSTEP to reflect approval of the extension of the leave.