**DIVISION OF MILITARY AND NAVAL AFFAIRS**

**REQUEST FOR SICK LEAVE AT HALF PAY**

*(Proponent is MNHS. Prescribing Directive is DMNA Reg 690-1)*

To be eligible for Sick Leave at Half Pay, an employee must have been a permanent employee with at least one year of service with the Division. The employee’s sick leave, annual leave, compensatory time and all other accruals must be exhausted. When the sum of the employee’s remaining accruals are less than the number of hours in the employee’s normal workday, employees will be considered to have exhausted all leave accruals. Any such remaining accruals will be retained on the employee’s time sheet.

**\*Please submit satisfactory supporting medical documentation with this form.**

**SECTION 1** To be completed by the employee. If an employee is incapacitated and is unable to initiate a request the employee’s designee or appropriate supervisor may act on the employee’s behalf. Print Clearly.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |       | TITLE |       |

|  |  |
| --- | --- |
| EMPLOYMENT LOCATION |       |

|  |  |
| --- | --- |
| \*HOME ADDRESS |       |

|  |  |
| --- | --- |
| \*HOME TELEPHONE |       |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE |       | SIGNATURE |       |

|  |  |
| --- | --- |
| SICK LEAVE AT HALF PAY IS REQUESTED FOR THE PERIOD |       |

**SECTION 2** To be completed by State Human Resources

 [ ]  Employee has more than one cumulative year of State service

 [ ]  Satisfactory medical documentation has been provided

 [ ]  Employee has been formally disciplined for leave abuse within the preceding year (choose 3b or 3c below)

**SECTION 3** To be completed by Director, State Human Resources

Requested Sick Leave at Half Pay is

a) [ ]  approved

b) [ ]  approved – following 10 workday waiting period

c) [ ]  approved – waive 10 workday waiting period

|  |  |  |  |
| --- | --- | --- | --- |
| DATE |       | SIGNATURE |       |

*DMNA Form CP 8, 28 Feb 11. Supersedes version of 3 Oct 07, which is obsolete and will no longer be used.*

**-OVER-**

**DIVISION OF MILITARY AND NAVAL AFFAIRS**

**REQUEST FOR SICK LEAVE AT HALF PAY**

*(Proponent is MNHS. Prescribing Directive is DMNA Reg 690-1)*

When this form is complete, the original will be maintained in the State Human Resources Management Directorate and a copy will be supplied to the employee.

Approval of a request for Sick Leave at Half Pay involves a review of the employee’s leave credits, work history, and physician’s statements.

Attachments required: Any supporting documentation, i.e., physician’s statements, employee’s last time sheet, and pertinent memorandums from employee and/or supervisor.

Satisfactory medical documentation will be furnished and continue to be periodically furnished at the request of the Division.

Employees should contact State Human Resources at 518-786-4830 if they have any questions.

\*Provisions of the Privacy Act of 1974, the New York State Privacy Protection Law and Health Insurance Portability and Accountability Act (HIPAA) apply to this form when you furnish your Home Address, Home Telephone Number and any medical information. This information is used to verify your current address and telephone number with that which we have on file. Any medical documentation provided will be used to substantiate your claim. Furnishing this information is completely voluntary, however failure to provide it may preclude approval of this request.

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