

REPORT OF EMPLOYEE'S INFORMATION AND LEAVE ACCRUALS

New York Power Authority

To :

Date : (mm/dd/yy)

The following information relates to this employee's time and attendance record while employed at :

AGENCY :

Please complete this form for the employee indicated below, who was last employed by your agency

Employee Name	Social Security Number XXX - XX-	Effective Date of Transfer
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Anniversary Dates	Vacation			Personal		M/C IPP Grant Dates (w/year)	
						1.	2.
Leave Balances	Holiday	Floater	Vacation	Personal	Sick	Hours per Day	Vacation Leave Earned Biweekly

Please indicate Employee's current percentage if less than 100% %

Did Employee earn Accruals for the last pay period they worked ? Yes No

If the employee eligible to use vacation leave ? ☐ Yes ☐ No

If no, how many pay periods have been completed towards eligibility? pay periods

Other								
Indicate if employee has any of the following:			Management Confidential Employees:			Veteran Status:		
Holiday Waiver	☐ Yes	☐ No	M/C IPP Enrollment	☐ Yes	☐ No	☐ Veteran		
Over 40 Comp Time	☐ Yes	☐ No	M/C Overtime Waiver	☐ Yes	☐ No	☐ Disabled Veteran		
Worker's Comp Case	☐ Yes	☐ No	M/C Vacation Exchange	☐ Yes	☐ No	☐ Reservist		

IF YES IS CHECKED OF ANY OF THE ABOVE, RELATED DOCUMENTATION IS ATTACHED FOR REFERENCE

Current Year Usage Information *

Professional Leave	Family Sick Leave	Breast or Prostate Cancer Screening	Family Medical Leave (FMLA)	Military Leave	
Days Used	Days Used	Days Used	Days Used	Calendar Days Used	Calendar Days Used

* Professional Leave is by fiscal year; all other leaves are by calendar year

Last day employee is covered under your medical, dental and vision plans :

Did the employee participate in a public system? : ☐ Yes ☐ No

If yes, please provide the name of the retirement system and participation information:

Retirement System Name:

From: (mm/dd/yy)

To : (mm/dd/yy)

CERTIFICATE OF RELEASING DEPARTMENT OR AGENCY

I certify that the accrued leave information pertaining to the above named employee is accurate based upon the records maintained by this agency

Name:

Date:

Title:

Phone Number: