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**	**Effective Date of Transfer**
	XXX - XX-	

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 mantained by this agency

Name: Date:

Title: Phone Number: