



Eric Hawkins  
Chief of Police

**ALBANY, NEW YORK**  
**POLICE DEPARTMENT**  
165 HENRY JOHNSON BOULEVARD  
ALBANY, NY 12210



1789

**PAID AND UNPAID LEAVE**  
**GENERAL ORDER NO: 2.2.25**

<b>Issue Date:</b> May 22, 2018	<b>Effective Date:</b> March 1998
<b>Revision Date:</b> November 19, 2014	<b>CALEA:</b> 22.1.2, 26.3.7
<b>Volume 2:</b> Logistics	<b>Chapter 2:</b> Discipline
<b>Distribution:</b> All Personnel	<b>NYSLEAP:</b> 14.4
<b>Issuing Authority:</b> Chief Eric Hawkins	<b>Page:</b> 1 of 20

**PURPOSE:** The purpose of this policy is to outline the various types of leave granted by this department and to establish guidelines for their use.

**POLICY:** It is the policy of the Albany Police Department to establish guidelines for the proper use of paid and unpaid leave, as well as procedures for requesting such leave.

**I. POLICY**

- A.** Employees covered by a Collective Bargaining Agreement are entitled to paid and unpaid leave, in accordance with such Agreement. All intact sections of an employee's respective Agreement shall supersede this Order.
  1. Union employees shall then refer to the following policies and procedures, in the designated order:
    - a. The Albany Police Department Policies and Procedures Manual.
    - b. The City of Albany Personnel Policy and Procedures Manual.
- B.** Employees not covered by a Collective Bargaining Agreement are entitled to paid and unpaid leave in accordance with the following policies and procedures, in the designated order:
  1. The Albany Police Department Policies and Procedures Manual.
  2. The City of Albany Personnel Policy and Procedures Manual.

**II. PERSONAL SICK LEAVE**

**A. Personal Sick Leave - Reporting:**

1. Whenever practical, personnel who are unable to report for their assigned shift because of personal illness or injury shall notify the desk officer/clerk, of his/her assigned unit/station, at least one (1) hour prior to their scheduled tour of duty.

2. When reporting sick, employees shall disclose the nature of their illness/injury and their anticipated length of absence. Failure to do so may result in the employee not getting paid for lost time and/or disciplinary action.
3. The desk officer/clerk of the employee's assigned unit/station shall make the following entries in the personnel blotter:
  - a. Name of the employee reporting sick;
  - b. Date and time reporting sick;
  - c. Nature of illness/injury;
  - d. Anticipated length of absence; and
  - e. The name of the supervisor notified.
4. The desk officer/clerk shall complete an Albany Police Department Leave Requests/Schedule Change Form, APD Form [REDACTED] shown on page 14 of this order, and submit the completed form to the on-duty supervisor for approval.
5. The on-duty supervisor shall complete the following:
  - a. Review and sign the sick leave request form;
  - b. Place the employee on personal sick leave in Kronos; and
  - c. Email the sick leave request form to [REDACTED]
    - i. In the narrative of the email, a notation shall be made stating the length of time that the employee was placed on personal sick leave.
    - ii. All sick leave requests and return from sick leave request forms shall be emailed to the above mentioned sick leave distribution list.
    - iii. The original sick leave request form shall be sent to OPS through interdepartmental mail.

**B. Personal Sick Leave - Returning:**

1. An employee who is returning from personal sick leave shall notify the desk officer/clerk, of his/her assigned unit/station, at least three (3) hours prior to their scheduled tour of duty.
2. The desk officer/clerk shall make the following entries in the personnel blotter:
  - a. Name of the employee returning from sick leave;
  - b. Date and time reporting back from sick leave;
  - c. Effective date of the employee's return to work; and
  - d. The name of the supervisor notified.
3. The desk officer/clerk shall complete an Albany Police Department Leave Requests/Schedule Change Form, APD Form [REDACTED] shown on page 14 of this order, and submit the completed form to the on-duty supervisor for approval.
4. The on-duty supervisor shall complete the following:

- a. Review and sign the return from sick leave request form;
- b. Place the employee back on their scheduled shift in Kronos; and
- c. Email the return from sick leave request form to [REDACTED]

- i. All sick leave requests and return from sick leave request forms shall be emailed to the above mentioned sick leave distribution list.
- ii. The original sick leave request form shall be sent to OPS through interdepartmental mail.

**C. Personal Sick Leave - Police Physician Visits:**

- 1. Upon the return of an employee from a non-job related illness or injury, when documentation is required, as per current applicable Agreement, a doctor's slip may be required to be submitted from the employee's physician.
- 2. Should a disagreement arise between the police physician and the employee's personal physician, the employee may be sent to a third physician for a final determination.
- 3. In order to work in a Modified Temporary Duty (MTD) capacity, an employee must be cleared to work MTD by both their personal physician and the police physician. In the event of a disagreement, the employee's designated Collective Bargaining Agreement shall be referred to for further decision.
- 4. Personnel requiring a visit to the police physician shall contact OPS and request the same. The following guidelines shall be adhered to:
  - a. Appointments are required for ALL visits to the police physician and shall be requested through OPS only.
  - b. For personal illness, the police physician shall give the employee an appointment within twenty-four (24) hours of the request.
  - c. Regular appointment hours shall be 8:45 AM to 4:00 PM, Monday through Friday, excluding holidays.
  - d. If a medical emergency should arise after normal office hours, employees may seek medical attention through their own physician or other emergency facility.
- 5. All personnel are reminded that when they are required to submit to an examination by the police physician, this is an order from their commanding officer, and as such, personnel shall adhere to department policies and procedures and their designated Collective Bargaining Agreement. All personnel are reminded that behavior during these visits shall reflect a positive, professional image of the department.
- 6. Personnel having questions regarding medical services offered should contact the Office of Professional Standards. A copy of the Agreement, between the City of Albany's contracted medical provider and the City of Albany, is located in the Fiscal Unit at Headquarters.

**III. JOB RELATED SICK LEAVE:**

**A. Job Related Sick Leave - Reporting:**

1. Personnel who are unable to report for their assigned shift due to a job related injury shall notify the desk officer/clerk of their assigned unit/station at least one (1) hour prior to their scheduled tour of duty.
2. When reporting sick with a job related injury, personnel shall disclose the nature of their injuries, the anticipated length of absence, and the original incident number, date, time, and location where the injury occurred. Failure to do so may result in the employee not getting paid for the lost time and/or disciplinary action.
3. The desk officer/clerk of the employee's assigned unit/station, shall make the following entries in the personnel blotter:
  - a. Name of the employee reporting sick;
  - b. Date and time reporting sick;
  - c. Incident number of the original job related injury;
  - d. Nature of the illness/injury;
  - e. Anticipated length of absence; and
  - f. The name of supervisor notified.
5. The desk officer/clerk shall complete an Albany Police Department Leave Requests/Schedule Change Form, APD Form # shown on page 14 of this order, and submit the completed form to the on-duty supervisor for approval.
6. The on-duty supervisor shall complete the following:
  - a. Review and sign the sick leave request form;
  - b. Place the employee on personal sick leave in Kronos;
    - i. Once it is determined by OPS that the employee's injuries are work related, OPS will make all necessary adjustments in Kronos.
    - c. Email the sick leave request form to [REDACTED]
      - i. In the narrative of the email, a notation shall be made stating the length of time that the employee was placed on personal sick leave.
      - ii. All sick leave requests and return from sick leave request forms shall be emailed to the above mentioned sick leave distribution list.
      - iii. The original sick leave request form shall be sent to OPS through interdepartmental mail.
    - d. Complete an Intra-Departmental Correspondence (IDC) describing all pertinent information relating to the job related injury, and forward the IDC to the Chief of Police through interdepartmental mail.
  7. The sick/injured employee shall complete a 207C packet and a C-3 Worker's Compensation Form. The employee shall submit all completed

paperwork to the on-duty supervisor. The on-duty supervisor shall review the paperwork and submit the originals to OPS through interdepartmental mail.

- a. The New York State Workers' Compensation Board mandates that all claims be filed within seven (7) days of injury. Further, the New York State Workers' Compensation Board can impose fines for failing to adhere to this guideline. Claims can also be disallowed and benefits denied.

**B. Job Related Sick Leave – Returning:**

1. Employees returning to work from a job related injury or a previous job related injury shall immediately notify the Office of Professional Standards of their pending return to work.
2. Employees who fail to report back to duty immediately, after being cleared to do so, shall be considered absent without leave and shall not be paid sick leave.
3. Employees must be cleared by both their personal physician and the police physician in order to return to work in a full-duty or Modified Temporary Duty (MTD) capacity.
4. Employees shall submit documentation from the police physician and their personal physician, when applicable.

**C. Job Related Sick Leave - Police Physician Visits:**

1. Job-related injuries/illnesses are to be evaluated by the police physician as soon as possible after the injury/illness, whether or not the employee has sought treatment from another physician.
  - i. In such instances, where the employee has been evaluated by another doctor or at the emergency room, the police physician shall examine the employee as soon as possible. An appointment shall be scheduled by OPS.
2. Employees returning to work from a job related injury, whether in a full-duty capacity or Modified Temporary Duty (MTD) capacity, require a full physical examination to be conducted by the police physician, which may include a release of records.
3. Personnel requiring a return to work slip or visit to the police physician shall contact and request the same from OPS. The following guidelines shall be adhered to:
  - a. Appointments are required for ALL police physician visits and shall be requested through OPS only.
  - b. Regular appointment hours are 8:45 AM to 4:00 PM, Monday through Friday, excluding holidays.
    - i. If a medical emergency should arise after normal office hours, an employee may seek medical attention through their own physician or other emergency facility.

- c. When the police physician returns an employee to work in a Modified Temporary Duty (MTD) capacity, the employee shall immediately contact OPS.
  - i. OPS shall complete the return from Sick Leave Form, APD Form # [REDACTED] shown on page 14 of this order, and forward the completed form to the officer's command.
  - ii. OPS will coordinate all MTD assignments and make necessary notifications.
  - iii. OPS will adjust Kronos accordingly.
  - iv. Unless notified otherwise, employees are to report for their next scheduled shift after being cleared to return MTD.
  - v. Employees who fail to report back to duty, immediately after being cleared to do so, shall be considered absent without leave and shall not be paid sick leave.
- d. When the police physician returns an employee to work in a full-duty capacity the employee shall immediately contact OPS.
  - i. OPS shall complete the return from Sick Leave Form, APD Form # [REDACTED] shown on page 14 of this order, and forward the completed form to the officer's command.
  - ii. The commanding officer shall ensure that the following entries are made in the personnel blotter:
    - a) Name of the employee returning from job related sick leave; and
    - b) The effective date of the employee's return to work.
  - iii. OPS will make all adjustments in Kronos.
  - iv. Unless notified otherwise, employees are to report for their next scheduled shift after being cleared to return full duty.
  - v. Employees who fail to report back to duty, immediately after being cleared to do so, shall be considered absent without leave and shall not be paid sick leave.
- 4. Should a disagreement arise between the police physician and the employee's personal physician, the employee may be sent to a third physician for a final determination.
- 5. Personnel attending appointments to a non-city doctor for a job related injury, shall not be paid overtime of any kind. This includes, follow up visits to personal physicians, as well as physical therapy treatments for injuries sustained in the performance of official duties.
- 6. All personnel are reminded that when they are required to submit to an examination by the police physician, this is an order from their commanding officer, and as such, shall to adhere to department policies and procedures and their designated Collective Bargaining Agreement. All personnel are reminded that behavior during these visits shall reflect a positive, professional image of the department.
- 7. Personnel having questions regarding medical services offered should

contact the Office of Professional Standards. A copy of the Agreement, between the City of Albany's contracted medical provider and the City of Albany, is located in the Fiscal Unit at Headquarters.

#### **IV. FAMILY ILLNESS LEAVE:**

##### **A. Eligibility:**

1. Employees covered by a Collective Bargaining Agreement are entitled to family illness leave, in accordance with such Agreement.
2. Employees not covered by a Collective Bargaining Agreement are entitled to family illness leave in accordance with The City of Albany Personnel Policy and Procedures Manual.

##### **B. Family illness leave shall be allowed only where the attending physician has certified that an appropriate person requires the presence of the employee requesting the leave.**

1. An employee requesting the leave under this provision shall have the attending physician complete an Albany Police Department Family Illness Form, APD Form [REDACTED] shown on page 15 of this order, and shall submit the completed form to their immediate supervisor.

##### **C. For special circumstances, the Chief of Police or his/her designee may extend the leave time limit.**

#### **V. BEREAVEMENT LEAVE:**

##### **A. Eligibility:**

1. Employees covered by a Collective Bargaining Agreement are entitled to bereavement leave, in accordance with such Agreement.
2. Employees not covered by a Collective Bargaining Agreement are entitled to bereavement leave in accordance with The City of Albany Personnel Policy and Procedures Manual.

##### **B. An employee requesting leave under this provision shall complete an IDC to the Chief of Police requesting such leave and describing the family relation.**

1. The Chief of Police or his/her designee shall notify the employees commanding officer of his/her decision.
2. The commanding officer shall then notify the involved employee of the decision made.

##### **C. For special circumstances, the Chief of Police or his/her designee may extend the leave time limit.**

#### **VI. VACATION LEAVE**

##### **A. Eligibility:**

1. Employees covered by a Collective Bargaining Agreement are entitled to vacation leave, in accordance with such Agreement.
2. Employees not covered by a Collective Bargaining Agreement are entitled to vacation leave in accordance with The City of Albany Personnel Policy and Procedures Manual.

**B.** Vacations will be scheduled annually and throughout the year, subject to reasonable staffing needs.

**C.** An employee requesting leave under this provision, other than pre-scheduled vacation leave, shall complete an Albany Police Department Leave Requests/Schedule Change Form, APD Form # [REDACTED] shown on page 14 of this order, and submit the completed form to their supervisor for approval.

1. Vacation leave approval is subject to reasonable staffing needs, and shall be approved or denied within the guidelines that are established in the employee's respective Agreement.

**D.** When an employee wants to cancel or re-schedule a pre-planned vacation, the employee shall submit an IDC to the Chief of Police requesting the same.

**E. Advance Vacation Check:**

1. Personnel, who plan to be on vacation, and do not use direct deposit, may request an advance check to cover this period while away.
  - a. Personnel shall submit an Albany Police Department Notice of Vacation Check Form, APD Form # [REDACTED] shown on page 16 of this order, no later than three (3) weeks prior to the vacation in question.
  - b. Requests shall then be submitted to the Payroll Department through the employee's chain of command.

## **VII. PERSONAL LEAVE**

**A. Eligibility:**

1. Employees covered by a Collective Bargaining Agreement are entitled to personal leave, in accordance with such Agreement.
2. Employees not covered by a Collective Bargaining Agreement are entitled to personal leave in accordance with The City of Albany Personnel Policy and Procedures Manual.

**B.** An employee requesting leave under this provision shall complete an Albany Police Department Leave Requests/Schedule Change Form, APD Form # [REDACTED] shown on page 14 of this order, and submit the completed form to their supervisor for approval.

1. Personal leave approval is subject to reasonable staffing needs, and shall be approved or denied within the guidelines that are established in the employee's respective Agreement.

## **VIII. HOLIDAY LEAVE/PAY**

- A.** Employees covered by a Collective Bargaining Agreement shall refer to their respective Agreement for eligibility and guidelines in regards to holiday leave/pay.
- B.** Employees not covered by a Collective Bargaining Agreement shall refer to The City of Albany Personnel Policy and Procedures Manual in regards to holiday leave/pay.
- C.** Holiday pay is an accumulation of holiday time earned by employees who are regularly scheduled to work holidays, and shall be accrued according to the following:
  - 1. An employee must work the last scheduled day before the actual holiday (if applicable) and the first scheduled day after the actual holiday in order to receive a holiday credit.
  - 2. Personal sick leave that is used the last scheduled day before and/or the first scheduled day after the actual holiday must be accompanied by a doctor note in order to be considered an excused absence and receive a holiday credit.
- D.** Holiday reports are prepared by the Administrative Services Bureau clerks in November and shall cover the following periods:
  - 1. Christmas of the previous year until Thanksgiving of the current year and are paid out the first pay period of December.
- E.** Holiday reports consist of the following:
  - 1. Sworn Personnel Holiday Report, APD Form [REDACTED] shown on page 17 of this order; and
  - 2. Non-Sworn Personnel Holiday Report, APD Form [REDACTED] shown on page 18 of this order.

## **IX. TIME BANKED – SWORN PERSONNEL**

- A.** Bank time is an accumulation of time earned over the course of employment that is paid out upon retirement. Once an employee banks their time, they cannot retrieve the time until they separate from employment.
- B.** Bank time is done at the beginning of the year with regards to time leftover from the previous year.
- C.** Sworn personnel accrue time according to the following:
  - 1. Vacation time can be accrued up to sixty (60) days. Once sixty (60) days is reached, employees will begin to lose unused vacation time on 12/31 of that calendar year.
  - 2. Personal time accrual is unlimited. It is a combination of the three (3)

personal days given at the beginning of the year and the days received throughout the year (up to three (3) additional days) for not using personal sick time.

- a. The time accrued for not using sick time can be banked as personal days or carried over to the following year as vacation credits.
  - b. Once they are converted to vacation credits, they will be banked as such, if unused.
3. Vacation credit accrual is unlimited. It is a combination of the personal days converted to vacation credits for the previous year, as well as three (3) additional days for not using personal sick time for an entire calendar year.

**D. Non-sworn personnel accrue time according to the following:**

**1. Communications Contract:**

- a. Each employee may accumulate up to five (5) vacation days per calendar year to a maximum accumulation of thirty (30) days, which may be banked for payment upon retirement or resignation.
- b. Personal days unused in the calendar year earned, can be carried over into the next year for personal use.

**2. Non-Sworn Contract:**

- a. Each employee may earn up to five (5) vacation days per year to a maximum of thirty (30) days which may be banked for payment upon retirement or resignation.

**3. Blue Collar Workers Contract:**

- a. Employees may carry over up to five (5) vacation days to the next year at the employee's option.
- b. Employees are entitled to three (3) personal leave days per year. If personal leave is not used, it shall be treated as a vacation day in the following year.
- c. There shall be unlimited banking of sick leave.
  - i. Unused sick time from prior years, and all sick leave unused and accumulated at the end of the current year shall be banked.
  - ii. An employee, who banks six and a half (6 ½) days of his/her sick leave days in the prior calendar year, will be entitled to a personal leave day.
  - iii. An employee who banks eight (8) of his/her sick leave days in the prior calendar year will be entitled to a second personal leave day.
  - iv. An employee who banks ten (10) of his/her sick leave days in the prior calendar year will be entitled to a third personal leave day.

E. An Albany Police Department Bank Slip Form, APD Form #4 shown on page 19 of this order, will be filled out by the Administrative Services Bureaus clerks and then sent to the employee for signature. After the employee reviews and signs the form, the signed form shall then be sent to the employee's commanding officer for signature and then sent back to the clerk for dissemination.

## **X. MATERNITY LEAVE**

- A. Employees covered by a Collective Bargaining Agreement shall refer to their respective Agreement for eligibility and guidelines in regards to maternity leave.
- B. Employees not covered by a Collective Bargaining Agreement shall refer to The City of Albany Personnel Policy and Procedures Manual in regards to maternity leave.
- C. An employee requesting leave under this provision shall complete an IDC to the Chief of Police requesting such leave. The employee shall also submit proper medical documentation stating that they are unable to perform their duties, either in a full-duty capacity or in Modified Temporary Duty (MTD) capacity.

1. If an employee is placed on MTD, the following shall apply:
  - a. OPS will coordinate all MTD assignments and make the necessary notifications.
  - b. OPS will adjust in Kronos accordingly.
  - c. The Chief of Police or his/her designee shall notify the employee's commanding officer of his/her decision.
  - d. The commanding officer shall then notify the involved employee of the decision made.
2. If the employee is medically unable to perform in an MTD capacity, the employee may use sick leave credits to remain on the payroll at full pay according to the following:
  - a. When all accrued sick leave, vacation leave, and personal leave credits have been exhausted, the employee will be eligible to receive half-pay for up to ten (10) weeks without charge to future accrued leave credits.
  - b. After this period of half-pay has run out, the employee may submit a request for a leave of absence without pay.

## **XI. JURY DUTY**

- A. Employees called for jury duty are entitled to leave with pay. The leave will cover the time required for court attendance and necessary travel.
  1. Employees shall complete an IDC to the Chief of Police and attach a copy of the jury duty notice or statement. A notice must be submitted for all excused absences.
  2. Upon providing proper documentation, an employee's tour of duty shall be

amended in Kronos to reflect jury duty leave.

B. When an employee's presence is not required, the employee shall report to back to work immediately.

## **XII. MILITARY SERVICE LEAVE:**

A. Pursuant to New York State Military Law Sections 242 and 243, any employee who is required to render military duty shall be granted a military leave of absence and shall be paid his/her salary or other compensation, as such public officer or employee, for any and all periods of absence while engaged in the performance of ordered military duty; not to exceed a total of thirty (30) days or twenty-two (22) working days, whichever is greater, in any one (1) calendar year.

B. Employees' who are ordered to report for military duty shall submit, through the chain of command, their military duty notification orders and an IDC to the Chief of Police of such leave.

1. In addition, employees shall submit an Albany Police Department Military Duty Notification Form, APD Form [REDACTED] shown on page 20 of this order, to OPS any time they are ordered to military duty.

C. Salary and Compensation Benefits:

1. Active Non-Combat Zone:

- a. After the initial thirty (30) days of full salary, the City will supplement the military wages by providing the difference in pay between the military pay and the employee's salary.
- b. Each employee must attach a copy of their military pay schedule and continue to supply the City with updated information.

2. Active Combat Zone:

- a. In order to be eligible for full salary, orders must reflect presence in one of these areas. Combat zones are designated by an Executive Order from the President as areas in which the U.S. Armed Forces are engaging or have engaged in combat.
- b. The employee's salary will continue to be paid at the employee's full rate.

3. Personnel shall refer to General Order 2.3.60 – Military Deployment and Reintegration for further policies and procedures related to military leave.

## **XIII. RELIEF FROM DUTY**

A. Administrative Relief from Duty:

1. Relief from duty may be granted on a temporary basis as an administrative action based on an employee's physical or psychological fitness for duty, the results of an investigation conducted by the Office of Professional Standards, involvement in a critical incident, or other

situation.

2. Relief from duty may be granted by a supervisor when an employee is suffering from illness during his/her tour of duty. This may be granted, or not granted at the discretion of the particular supervisor at the time it is requested by the employee. Any relief from duty under this subsection shall be documented in the employee's respective station personnel blotter.

#### **XIV. UNPAID LEAVE OF ABSENCE**

- A. Employees covered by a Collective Bargaining Agreement shall refer to their respective Agreement for eligibility and guidelines in reference to unpaid leave.
- B. Employees not covered by a Collective Bargaining Agreement shall refer to The City of Albany Personnel Policy and Procedures Manual in reference to unpaid leave.
- C. Whenever personnel desire leave under this provision, the employee shall complete an IDC to the Chief of Police stating their reason for requesting such leave and the expected length of leave.
  1. The Chief of Police or his/her designee shall notify the employee's commanding officer of his/her decision.
  2. The commanding officer shall then notify the involved employee of the decision made.



Eric Hawkins

Chief of Police



# ALBANY, NEW YORK

POLICE DEPARTMENT

165 HENRY JOHNSON BOULEVARD

ALBANY, NEW YORK 12210



**TO:** Brendan Cox, Chief of Police \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **(Date and Time)**  
**(Name & Title)** **(Station)** **(Shift)**

**SUBJECT: LEAVE REQUESTS & SCHEDULE CHANGE**

**RETURNED TO DUTY  
OR**

**LEAVE**

**REPORTED SICK**

**(CIRCLE ONE)**

Permittee to take \_\_\_\_\_ off on \_\_\_\_\_  
**(Day & Date)**

Personal Day \_\_\_\_\_

Vacation Day \_\_\_\_\_

Vacation Credit \_\_\_\_\_

Camp Time \_\_\_\_\_

Sick Leave \_\_\_\_\_

Family Business/Other Reasons \_\_\_\_\_

If (Sick Leave) Medical Treatment \_\_\_\_\_ expenses to be out \_\_\_\_\_ day.

If (Job Related Injury) medical cost \_\_\_\_\_

## SCHEDULE CHANGE

I \_\_\_\_\_ AGREE TO WORK \_\_\_\_\_ SHIFT

ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FOR \_\_\_\_\_

I \_\_\_\_\_ AGREE TO WORK \_\_\_\_\_ SHIFT

ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FOR \_\_\_\_\_

## PATROL DIVISION STAFFING

Respectfully submitted,

(Patrol Units Deployed, If Leaves Ground)

CENTER STATION \_\_\_\_\_

SOUTH STATION \_\_\_\_\_

(Supervisor's Name & Rank)

\_\_\_\_\_  
**(Date & Time)**

Station Clerk

Date & Time

**APPROVED/DENIED**

NOTE: THIS IDC MUST be forwarded to the appropriate Station IMMEDIATELY.  
AFD #2024 (Amended 12/15)



## ALBANY, NEW YORK

POLICE DEPARTMENT  
165 HENRY JOHNSON BOULEVARD  
ALBANY, NEW YORK 12210



### FAMILY ILLNESS FORM

Family illness leave shall be allowed only where the attending physician has certified that a covered person requires the presence of the employee requesting the leave.

I, \_\_\_\_\_, hereby certify as follows:

1. \_\_\_\_\_, is/has been under my care  
Name of Patient (Circle one)

for \_\_\_\_\_  
nature of illness/injury

2. My patient requires the presence of \_\_\_\_\_

because of this illness during the period

\_\_\_\_\_ to \_\_\_\_\_

for the following reasons:

\_\_\_\_\_  
(Physician's personal signature)

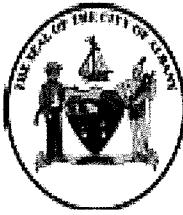
Date: \_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone number



**ALBANY, NEW YORK**  
**POLICE DEPARTMENT**  
165 HENRY JOHNSON BOULEVARD  
ALBANY, NEW YORK 12210



**NOTICE OF VACATION CHECK**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Dept \_\_\_\_\_ Sub-Dept \_\_\_\_\_

Vacation Check Date: \_\_\_\_\_

Payroll Date Vacation Check Given: \_\_\_\_\_

\_\_\_\_\_ Department Head \_\_\_\_\_ Date

\_\_\_\_\_ Payroll Dept \_\_\_\_\_ Date

**NOTICE OF VACATION CHECK**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Dept \_\_\_\_\_ Sub-Dept \_\_\_\_\_

Vacation Check Date: \_\_\_\_\_

Payroll Date Vacation Check Given: \_\_\_\_\_

\_\_\_\_\_ Department Head \_\_\_\_\_ Date

\_\_\_\_\_ Payroll Dept \_\_\_\_\_ Date



**ALBANY, NEW YORK  
POLICE DEPARTMENT  
186 HENRY JOHNSON BOULEVARD  
ALBANY, NEW YORK 12210**



TO: SLENDAN COX  
CHIEF OF POLICE

UNIT/STATION: \_\_\_\_\_  
DATE: \_\_\_\_\_

PERIOD - FROM \_\_\_\_\_ TO \_\_\_\_\_

RESPECTFULLY SUBMITTED,

APPROVED BY:

ВОЧИРДА УКТУУ

**Commanding Officer**

1. Christmas Day  
2. New Year's Day  
3. Martin Luther King, Jr. Day (PREVIOUS ONLY)  
4. Lincoln's Birthday  
5. Washington's Birthday  
6. Easter

- 7. Memorial Day
- 8. Independence Day
- 9. Labor Day
- 10. Columbus Day
- 11. Veterans' Day
- 12. Thanksgiving Day



ALBANY, NEW YORK  
POLICE DEPARTMENT  
166 HENRY JOHNSON BOULEVARD  
ALBANY, NEW YORK 12210



## HOLIDAY REPORT-CIVILIAN

TO: BRENDAN COX UNITS STATION \_\_\_\_\_  
CHIEF OF POLICE DATE: \_\_\_\_\_  
PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

RESPECTFULLY SUBMITTED,

**APPROVED BY:**

WALTER J. WILSON

---

**Commanding Officer**

<u>HOLIDAY KEY</u>	
1.	Christmas Day
2.	New Year's Day
3.	Martin Luther King's Birthday
4.	President's Day
5.	Memorial Day
6.	Independence Day
7.	Labor Day
8.	Columbus Day
9.	Election Day
10.	Veteran's Day
11.	Thanksgiving Day

HOLIDAY ELIGIBLE FOR PAY  
 HOLIDAY NOT ELIGIBLE FOR PAY



**ALBANY, NEW YORK  
POLICE DEPARTMENT  
105 HENRY JOHNSON BOULEVARD  
ALBANY, NEW YORK 12210**

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DATE

**STATIONWUNT:**

**Number of Personal Days being converted to Vacation Credits:**

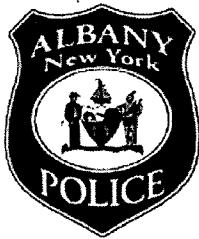
**EMPLOYEE SIGNATURE**

CO'S SIGNATURE

NUMBER OF PERSONAL & BONUS DAYS BANKED PRIOR TO 1921 WERE COMBINED, THE TOTAL CARRIED OVER WILL BE LISTED IN THE VACATION CREDIT'S COLUMN. THE TOTAL NUMBER OF VACATION DAYS THAT CAN BE BANKED SHALL NOT EXCEED 80 DAYS AS PER THE AGREEMENT BETWEEN THE AFL-CIO, THE CITY OF ALBANY, AND PATROL AND APSA, SUPERVISORS BARGAINING UNITS. EXCEPT UNDER 191.3 LEAVE CREDIT'S EARNED 142.1 OR 142.2 MAY BE ADDED TO THE VACATION BANK BUT NOT BE SUBJECT TO THE 80 DAY CAP.

ORIGINAL COPY TO OFFICE OF PROFESSIONAL STANDARDS  
ONE COPY TO COMMANDING OFFICER, ONE COPY TO THE OFFICER

APD ABCD



Albany Police Department  
Office of Professional Standards  
165 Henry Johnson Blvd,  
Albany, New York 12210

### MILITARY DUTY NOTIFICATION FORM

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

#### Emergency Contact Information While on Active Duty

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Dates of Active Military Service:

From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Service :  Active Military  Training Purposes Only

#### ATTACH A COPY OF YOUR OFFICIAL MILITARY ORDERS

#### Type of Military Leave Benefit Requested (Please check only one box)

Pursuant to New York State Military Law §242, every public officer or employee shall be paid his salary or other compensation as such public officer or employee for any and all periods of absence while engaged in the performance of ordered military duty, not exceeding a total of thirty (30) days or twenty-two (22) working days, whichever is greater, in any one calendar year.

Active Non-Combat - Continuation of Benefits- After the initial 30 days of full salary, the City will supplement the military wages by providing the difference in pay between the military pay and their salary as an employee. "Employee must attach a copy of their military pay schedule and continue to supply the City with updated information"

Active Combat Zone - Salary will continue to be paid to the employee at the full employee rate.

Military Rank:

Military Leave Form (APD #355)

Current Military Salary  
(Indicate weekly rate of pay)