

NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES  
65 Court Street, Brooklyn, N.Y. 11201

RCS PABCI45

APPLICATION FOR EXCUSE OF ABSENCE FOR PERSONAL ILLNESS (SICK LEAVE)

- ☐ - Community District ☐ - City District Instructional Staff  
☐ - For Information of Medical Division ☐ - Request for Medical Evaluation

Read rules on reverse and type separate application for each non-consecutive absence in month.

I. To be Completed by School Secretary or Applicant:

Full Name and Home Address of Applicant										School Number or Name and School Address																								
ZIP										ZIP																								
File #					Social Security #					School District #					Years of Service																			
<input type="checkbox"/> - Regularly Appointed										<input type="checkbox"/> - Regular Substitute										<input type="checkbox"/> - Per Diem Substitute														
Inclusive Dates	From	To	Time Lost*	Days	Hours	Minutes	Illness Since September	Times	Days																									
*Note: For per diem substitute show only days during which applicant would otherwise have been employed in position held immediately prior to absence to be excused.																																		
Dates on which absence occurred. Write name of month. Check with an "X" those days on which absence occurred.			Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NB Check applicable item and indicate all necessary data called for under each item checked:																																		
<input type="checkbox"/> A- <input type="checkbox"/> DAYS EXCUSED WITH PAY FOR PERSONAL ILLNESS DEDUCTIBLE FROM C.A.R. OR SICK BANK**																																		
**Note: Per diem substitute must surrender sick leave credit certificate dated prior to date of absence. (C.A.R. and Self-Treatment data to be omitted below.)																																		
C.A.R. on Initial Day of Illness															Self-Treated Days Used This Year or Term																			
Less Sick Days Now Claimed															Plus Self-Treated Days Now Claimed										+									
Balance of Days Left in C.A.R.															Total Self-Treated Days Used																			
(Minus Balance Shows Borrowed Days)															Total "Self-Treated" for Personal Business																			
<input type="checkbox"/> B- <input type="checkbox"/> DAYS EXCUSED WITH PAY AND WITHOUT LOSS OF SICK LEAVE FOR CHILDREN'S DISEASES																																		
Applies to rubella, epidemic parotitis or varicella but not to rubella.																																		
<input type="checkbox"/> C- <input type="checkbox"/> DAYS EXCUSED WITH PAY AND WITHOUT LOSS OF SICK LEAVE FOR ALLEGED LINE OF DUTY																																		
ACCIDENT — Report of Injury and Assignment (OP 200) must be filed prior to this application.																																		
<input type="checkbox"/> D- <input type="checkbox"/> DAYS EXCUSED WITHOUT PAY. Does not apply to per diem substitutes.																																		
<input type="checkbox"/> E - OTHER:																																		

II. To be Completed by Applicant (Check Only as Applicable):

<input type="checkbox"/> - Self-Treated Days (if shown) are claimed for:	
<input type="checkbox"/> - Confidential Medical Report (OP 407) substituted for Section IV and mailed directly.	
<input type="checkbox"/> - I wish to borrow sick days to be repaid or constitute a debt to the Department of Education.	
<input type="checkbox"/> - I did	report for duty to any afternoon or evening activity of the Department of Education or
<input type="checkbox"/> - I did not	Community Board on any date for which excuse is requested.
Date	Signature of Applicant

III. To be Completed by Principal (If Other Appropriate Supervisor, Show Title Below):

<input type="checkbox"/> - Approved without medical evaluation		<input type="checkbox"/> - Approved subject to medical evaluation	
<input type="checkbox"/> - Disapproved for reason(s) indicated:			
Date	Signature of Principal		

IV. To be Completed by Physician or Other Authorized Practitioner (OP 407 is to be substituted for absence exceeding 20 consecutive school days or when report is confidential):

MEDICAL CERTIFICATION: As a duly licensed physician or other authorized practitioner, I certify that between the dates _____ and _____ the person named above was incapacitated for school duties and that I attended the individual on the following dates: _____ The technical designation of illness was: _____	
commonly known as:	
Physician's Address	Telephone
Typed or Printed Name	
Date	Signature of Physician
(If other than M.D., professional title is: _____, M.D.)	

V. To be Completed by Medical Division and Returned to School as Necessary:

Medical Recommendation Submitted as Noted Subject to All Administrative Requirements	- Medically Approved		- Medically Disapproved	
	From	To	From	To
<input type="checkbox"/> - Ordinary Illness (Item A or Item D)				
<input type="checkbox"/> - Enumerated Children's Disease (Item B)				
<input type="checkbox"/> - Alleged Line of Duty Accident (Item C)				
<input type="checkbox"/> - Other				
<input type="checkbox"/> - Individual not to return to duty without further recommendation of Medical Division.				
Additional Remarks:				
Date	Signature of Medical Director			

## GENERAL RULES AND INSTRUCTIONS

**Separate Application:** When Form OP198 is required, it must be submitted to principal for each non-consecutive absence in month.

**Medical Certification:** Must be completed by physician in Section IV for absence up to 20 consecutive school days unless physician desires to submit confidential report on Form OP 407. Confidential report (OP 407) must be submitted for absence exceeding 20 consecutive school days. Section IV may be omitted when Form OP 407 is submitted or for self-treated illness.

**Medical Division Approval:** The principal, or other appropriate supervisor, may grant sick leave with pay deductible from C.A.R. or sick credit of up to 20 consecutive school days of ordinary illness without Medical Division approval unless he requests such evaluation in doubtful cases or where lay judgment is insufficient. The Medical Division may initiate evaluation and make recommendations whenever medically indicated. Applications marked "Request for Medical Evaluation" must be submitted for absence exceeding 20 consecutive school days and, regardless of duration, for children's diseases and alleged line of duty accidents; also for absence exceeding 10 consecutive school days at the option of the principal. Applications marked "For Information of Medical Division" must be submitted for ordinary illness granted by the principal for ordinary illness of 11 to 20 consecutive school days.

**Copies:** For ordinary illness up to ten consecutive school days (exclusive of children's diseases and line of duty accidents), original (Copy 1) is retained in school and duplicate (Copy 2) is discarded. For all other cases both copies are forwarded to the Medical Division.

## SPECIAL RULES AND INSTRUCTIONS

**If you are a regularly appointed member of the instructional staff, you may apply for:**

1. (Item A) up to 10 self-treated days with pay in a school year (3 of which may be excused for personal business) within your C.A.R. balance. Application (OP 198) form need only be used when requested by principal for cases where sick leave cannot be entered and countersigned directly on school record. In Section I, complete data for charge to C.A.R. and also for self-treated days and, in Section II, check self-treated days and give reason (e.g., "cold" or "personal business"). Not granted when other activities are engaged in on the same day.
2. (Item A) Up to your C.A.R. balance with pay. (C.A.R. may not exceed 200 at end of any school year.) When not self-treated, illness must be certified by physician in Section IV or by confidential medical report (see "Medical Certification" above). In Section I, complete data for charge to C.A.R. When C.A.R. is exhausted, you may borrow up to 20 additional days which show as a minus in your C.A.R. balance. Except for one day a school year, excuse with pay may not be granted for medical examination or laboratory test which could have been taken outside of school hours; if physician indicates in Section IV that examination or test required school hours, however, pay may be granted. Excuse with pay may be granted for conditions related to pregnancy.
3. (Item B) Excuse with pay and without charge to C.A.R. for rubella (measles), epidemic parotitis (mumps) or varicella (chicken pox) but not rubella (German measles). Section IV or OP 407 required regardless of number of days.
4. (Item C) Excuse with pay and without charge to C.A.R. for alleged accident in line of duty. Pay may be granted only if "Report of Injury to Member of Professional Staff" (due within 24 hours) and Assignment (Form OP 200) have been filed. Section IV or OP 407 required regardless of number of days; even though absence is non-consecutive, only one medical certification or report is required to cover a reasonable period.
5. (Item D) Excuse without pay (with payment only for days when school is not in session) up to a reasonable number in connection with illness for which excuse with pay is prohibited (including days on which you reported for other paid activities) or, in cases of prolonged illness, up to one calendar month following exhaustion of C.A.R. (Should illness require longer absence, you must apply for and accept Leave of Absence Without Pay for Restoration of Health.) Section IV or OP 407 required regardless of number of days.

**If you are a regular substitute, you may apply as indicated but not to exceed the number of days remaining in the current school term of employment:**

6. (Item A) Excuse covered by Rule #1 provided you are employed for a full school year; if you are employed for one term, you may apply only for 5 self-treated days.
7. (Item A) Excuse covered by Rule #2 except that your C.A.R. may not exceed 120 days at the end of any school year and that you may not borrow additional sick days.
8. (Item B) Excuse covered by Rule #3.
9. (Item C) Excuse covered by Rule #4, but need not have served preceding five days.
10. (Item D) Excuse covered by Rule #5 except that extended excuse of up to one calendar month without pay is not granted.

**If you are a per diem substitute, you may apply as indicated provided that you were employed in the school during the five consecutive school days prior to illness and would have been so employed on the date for which excuse is requested:**

11. (Item A) Excuse covered by Rule #2 provided Per Diem Certificate of Sick Leave Credit dated prior to date of illness is surrendered to principal.
12. (Item B) Excuse covered by Rule #3.
13. (Item C) Excuse covered by Rule #4.
14. (Item D) Excuse of absence without pay is not granted per diem substitutes.

N.B. Item E is not to be used except as provided by separate regulation for special cases such as reversion from Terminal Leave to ordinary sick leave.