

## NAME:

EIS/FILE #

DISTRICT \_\_\_\_\_

**Pondrissi**

DATE \_\_\_\_\_

WORK ( ).

[illegible]

DOCUMENTATION ATTACHED:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Copies of stubs of all checks received                        |
| <input type="checkbox"/> | Copies of Certificate of Salary Status/Differential           |
| <input type="checkbox"/> | Effective date of leave, termination, final entitlement, etc. |
| <input type="checkbox"/> | Approved personnel document, if required                      |
| <input type="checkbox"/> | Attach dates of missing preps or prep receipts from school    |
| <input type="checkbox"/> | Longevity-Attach Personnel Employee Profile                   |
| <input type="checkbox"/> | Other   |

DO NOT WRITE IN THIS COLUMN

Appointment date:

Appointment date:

Secretary Guild

(Secretary, Guid. Counselor, etc.)

Year

RETURN THIS FORM TO: 335 ADAMS STREET, BROOKLYN, NY 11201

**Examiner:**

Date:

THE NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES - OFFICE OF MEDICAL, LEAVES AND BENEFITS  
65 Court Street- Room 200- Brooklyn, New York 11201

APPLICATION OF INSTRUCTIONAL STAFF MEMBER FOR LEAVE OF ABSENCE WITHOUT PAY  
FOR THE PURPOSE OF \_\_\_\_\_

FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ INCLUSIVE

(PLEASE TYPE OR PRINT. READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM)

To be completed at school or Unit Level and Forwarded to the Regional Operations Center

<b>Applicant named below has signed Request for Leave and Section V on reverse.</b>					
Name and Home Address of Applicant		File Number		Social Security Number	
		School	Borough	District/ROC	
		License			
		Position Code No.		Program Function Number	
Applicant's Telephone:		Address of School Where Now Serving			
Maiden Or Other Name Used		School's Telephone:		Day Evening School	
<b>Status as of Last Day of Service Prior to Proposed Initial Date of Leave</b>					
Date Last Served	Equated Dated	Differential Held (C2,PD, or C)	Salary Step	Vacation Day Pro- Rata Due	
<input type="checkbox"/> Applicant - <input type="checkbox"/> is <input type="checkbox"/> is not now on Sabbatical Leave of Absence.					
<input type="checkbox"/> Applicant has not been on Leave of Absence Without Pay during the past seven years (if otherwise, list each leave, omitting any Sabbaticals and starting with most recent one )					
Purpose of Prior Leaves	From	Through	Purpose of Prior Leaves	From	Through
I hereby certify that applicants regularly appointed and that the foregoing is accurate					
Date	Signature of School Secretary				Noted:
Date	Signature of Principal				

II. For Maternity and Child Care or Care of Member of Family only to be completed (as checked by Attending Physician.)

(See Requirements on the reverse for service during maternity and leaves for restoration of health)

**PHYSICIAN'S CERTIFICATION**

**Maternity and Child Care:**

Expected Date of Confinement \_\_\_\_\_ Date to Which Patient May Return to Service \_\_\_\_\_

**Care of Member of Sick Family Member**

Name of Patient \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Will Probably be incapacitated Until \_\_\_\_\_

Technical Designation of Condition \_\_\_\_\_

Common Designation of Condition \_\_\_\_\_

Date \_\_\_\_\_ Signature of Physician \_\_\_\_\_, M.D.

Physician's Address \_\_\_\_\_ Zip \_\_\_\_\_

III. To Be Completed and Forwarded to Leave of Absence Section:

☐ -Approved ☐ -Disapproved ☐ -Comments attached

Date \_\_\_\_\_ Signature \_\_\_\_\_

**IV. For Use of Leave of Absence Section**

☐ - Inclusive Dates as is

☐ - Changed to FROM THROUGH

☐ - Pro Rate as is

☐ - Changed to

☐ - Salary Credit and/or codes

☐ - Pension Credit is recommended (Otherwise, not recommended)

Grant (OP218) issued \_\_\_\_\_ Denial Letter issued \_\_\_\_\_

Certified by: \_\_\_\_\_

**V. To be read, dated and signed by Applicant for Leave of Absence Without PAY:**

**REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY**

I hereby make application for leave of absence without pay for the period and purpose given on the reverse side of the blank and in consideration of the grant of such leave of absence, I hereby waive for myself my heirs, executors and administrations any and all claims or demands of any kind whatsoever which I might otherwise have for salary or compensation during the said period, and hereby covenant to and with The Department of Education of the City of New York and said City of New York that no such claim or demand will be made or enforced, by suit or otherwise against them or either of them.

I agree that for all purposes whatsoever my service is to be considered as ceasing on the day before the onset for the commencement of this leave if granted, until I personally and actually resume service subsequent to the day set for the termination of this leave, unless I earlier resume service under authorization upon my personal written application.

A further condition in the grant and acceptance of this leave is that I shall receive a pro rata share of salary for the summer vacation period immediately following the school year in which the leave without pay was granted and prorated service credit in accordance with the bylaws of the Department of Education. I understand that approximately one week's vacation pay is allowed for each month of service rendered prior to initial date of leave.

I understand that I am responsible for conferring with my ROC or supervisor to determine whether or not I will be in excess upon my return. If my leave is expiring June 30th, I will notify my ROC no later than May 1<sup>st</sup>. It is hereby agreed that if my leave is expiring on February 1<sup>st</sup>, I will notify my principal no later than the preceding December 15<sup>th</sup>. I will respond to any and all communications in a timely manner from the Department of Education regarding my intentions to return, request an extension of leave, or resign/retire. I understand that continued non-response to these requests may eventually lead to a resignation action of my employment prior to the opening of the ensuing school year (or the start of the second semester for fall-semester leaves of absence).

If I do not report for actual and personal service on the first school date of termination of this leave, I shall not be entitled to salary from the first school day to the date of return to actual service.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**RULES AND INSTRUCTIONS**

**APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY OF DEPARTMENT OF EDUCATION STAFF (FORM OP 160X)**

1. **General.** Leave of Absence Without Pay is generally granted for a full term or multiples of a full term to provide for continuity of instruction. Military Leave begins and terminates according to the nature of military orders. Maternity Leave begins according to the nature of the pregnancy. Leave Without Pay is generally granted only after completion of at least one year of regularly appointed service. Military Leave and Leave for Study Under Fellowship or Scholarship may be granted after less than one year of such service.
2. **Submission of Application.** Application Form OP 160X is used for Department of Education personnel only. For Leave Without Pay to begin with the Fall Term, application must be submitted no later than the preceding May 1. To begin with the Spring Term, application must be submitted by the preceding December 1. Applications for Military or Maternity Leave should be submitted as soon as possible after the facts are known. If any attachments are required for submission with application for Leave Without Pay, they should be clearly identified with applicant's name and file number and be securely fastened to the application form.
3. **Maternity and Child Care.** Applicant's physician must complete Section II. Termination of unexpired Maternity leave requires submission of Form OP404 (Medical Evaluation for Service After Maternity Leave) with physician's certification as indicated on Form OP 404. For Leave to Care for Adopted Child, applicant omits Section II but enclosed with application (OP 160) a certified letter or other evidence of adoption. This evidence must indicate the present age of the child and the date of adoption.
4. **Care of a Sick Member of Family.** Attending physician must complete Section II as indicated.
5. **Restoration of Health.** Applicant must submit FORM OP 407 (confidential Medical Report) directly to the Medical Division.
6. **Study or Educational Grant.** Applicant must submit a letter from the registrar (or comparable official) indicating courses to be taken, time required each week for lectures other similar activities and collateral studies as well as time required to complete the full course undertaken. Courses indicated are to be given during regular school hours when applicant would otherwise be on duty.
7. **Accompaniment of spouse in Armed Forces.** Applicant must enclose certified copy of military orders or, when spouse is already serving a letter from the commanding officer concerned.
8. **Employment and Other Activities.** Applicant must enclose copy of letter or orders from the responsible employing agency, union, municipal college or other body detailing the nature of proposed service during leave.
9. **Other Purposes:** Applicant must enclose a detailed statement of particulars.

**NOTE:** TO COMPUTE VACATION DAYS PRO-RATA DUE, TAKE SERVICE FROM LAST SUMMER VACATION THROUGH INITIAL DATE OF THIS LEAVE.

## **RETIREMENT LEAVE OF ABSENCE (TERMINAL LEAVE)**

### **Rules (See Section 106.3a of the By-Laws)**

Upon application in accordance with the rules enumerated below, absence from duty on Retirement Leave of Absence (Terminal Leave) with full pay may be granted to a member of the teaching, supervising, or attendance staff under regular appointment, who is a member of the Teachers Retirement System and who will be eligible for service retirement upon completion of the leave.

1-A Terminal Leave shall be granted on the basis of one half of the accumulated unused sick leave (Cumulative Absence Reserve) up to a maximum of one school term (five calendar months exclusive of July and August).

School term refers to either the Fall or Spring division of the school year as indicated below. To avoid disruption of the educational program, leave shall not extend from one school term into the next school term.

#### **FALL TERM (Both Dates Inclusive)**

Initial Date: September (from the first day on which Applicant to report for duty)

Terminal Date: January (to the last school day)

#### **SPRING TERM (Both Dates Inclusive)**

Initial Date: February (from the first school day)

Terminal Date: June (to the last school day)

#### **VACATION PERIODS**

When a vacation period intervenes between the end of a Terminal Leave and the member's Retirement Date, such vacation period shall be deemed a period of active service for all purposes including compensation.

2-A Terminal Leave shall be terminated when the member on such leave:

- (a) Applies to the Teachers' Retirement System for immediate retirement;
- (b) Applies to the Community Superintendent (or, for City District staff, to the Bureau of Appointment) for reinstatement to active service (except that such termination may not be granted during the last month of the term in question);
- (c) Applies to School Principal or other appropriate supervisor for Sick Leave (OP 198) and submits Confidential Medical Report (OP 407) which is approved by the School Medical Director;

3-A member who terminates Terminal Leave to apply for Sick Leave shall be entitled to the total Cumulative Absence Reserve minus the number of school days actually used during the period of Terminal Leave.

4-A member who terminates Terminal Leave shall be deemed to have forfeited the future right to the number of days of Terminal Leave already taken.

5-A substitute may be employed to replace any member on Terminal Leave.

6- Application for Terminal Leave shall be made to the Community Superintendent (or, for City District staff, to the Bureau of Appointment) at least one month prior to the initial date of requested leave (and for leaves beginning in September, at least one month prior to the commencement of the summer vacation period).

7- During Terminal Leave, no member may serve in any capacity under any Community Board or the City Board of Education or in publicly-supported institutions in New York City or State. There is no restriction on private employment, or on public employment outside the jurisdiction of the State of New York during the period of Terminal Leave.

8- Unforeseen closing of schools or other conditions which may excuse non-attendance of working personnel, occurring during the period of Terminal Leave, shall not change the total number of days originally computed for the Terminal Leave applied for or granted.

#### **Instructions**

- 1- Complete the Application on the face of this form and submit with signature of Applicant and School Principal to the Community Superintendent (or, for City District staff, to the Bureau of Appointment).
- 2- Enclose a large envelope addressed to the School Principal with this Application.





# THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES

Medical, Leaves & Benefits

65 Court Street – Brooklyn, NY 11201

Shawn Thompson, Supervisor

(718) 935-4777

Fax (718) 935-4020

## LEAVE OF ABSENCE WITH PAY RECOMMENDATION FORM

This form is to be completed by the immediate supervisor, countersigned by the Executive Director/Director and attached to the application for leave of absence with pay.

NAME OF EMPLOYEE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_/\_\_\_\_/\_\_\_\_  
TITLE \_\_\_\_\_  
OFFICE \_\_\_\_\_  
DIVISION \_\_\_\_\_

How long have you supervised this employee? \_\_\_\_\_

Please provide your assessment of this employee in the following areas utilizing "O" for outstanding "S" for satisfactory and "U" for unsatisfactory.

ATTENDANCE*	_____	RELIABILITY	_____
PUNCTUALITY	_____	COOPERATION	_____

\*If the employee's attendance has been adversely affected by the illness which necessitates this leave, please provide you assessment of the employee's attendance prior to this illness.

Please provide your recommendation regarding this request for leave of absence with pay and indicate specific reasons to support your recommendation. Please note that employee's performance must be satisfactory for leave to be considered. If less than satisfactory, please explain. (Use the reverse side of this page, if necessary).

In addition, in order to consider a medical leave with pay, **THE LENGTH AND CHARACTER OF SERVICE MUST BE EXPLICITLY ADDRESSED IN RECOMMENDATION.**

WITH PAY ☐

WITHOUT PAY ☐

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF IMMEDIATE SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE DIRECTOR/DIRECTOR

\_\_\_\_\_  
DATE

INCIDENT # \_\_\_\_\_  
Office Use Only



YOU MAY FAX THIS  
REPORT TO  
718.852.9891

## SCHOOL SAFETY DEPARTMENT INCIDENT REPORT

REPORT IMMEDIATELY all school-related incidents of any importance whatsoever that involve staff. Notify the principal and confirm that the principal has informed the Department of Education and NYPD/Division of School Safety. Send this Report to: Mr. Sterling Roberson at the UFT Safety Department, 52 Broadway, New York, NY 10004, 15th Floor. Also notify your District Representative.

SERIOUS INCIDENTS INVOLVING POLICE AND/OR HOSPITAL CALL: (212) 598-9287 IMMEDIATELY.

### Victim Information

Incident Date \_\_\_\_\_ Time of Incident \_\_\_\_\_  
School \_\_\_\_\_ Region/Dist. \_\_\_\_\_ Location of Incident \_\_\_\_\_  
Victim's Name \_\_\_\_\_ File# \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ Home E-mail: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ School Phone ( ) \_\_\_\_\_ Job Title \_\_\_\_\_

### Perpetrator Type —Circle number

1. STUDENT 2. SPECIAL ED STUDENT\* 3. PARENT 4. INTRUDER 5. OTHER  
Alleged Perpetrator(s) if known  
Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
\*Please indicate category \_\_\_\_\_

### Type of Incident —Circle number. See reverse side for definitions.

1. ASSAULT 2. VERBAL HARASSMENT 3. LARCENY 4. DISORDERLY CONDUCT 5. ROBBERY  
6. SEX OFFENSE 7. MENACING 8. CRIMINAL MISCHIEF 9. RECKLESS ENDANGERMENT  
10. PHYSICAL HARASSMENT

Description of incident (use reverse side if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Extent of Injuries —Circle number

1. NONE 2. SELF-TREATED 3. PERSONAL MD 4. EMERGENCY ROOM 5. HOSPITALIZED  
6. OTHER (SPECIFY) \_\_\_\_\_  
Describe Injury (use reverse side if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Notification —Circle number

1. PRINCIPAL 2. POLICE 3. DISTRICT 4. BOARD INCIDENT REPORT  
5. OTHER (SPECIFY) \_\_\_\_\_

### Disposition —Circle number

1. ARREST 2. YD CARD/SUMMONS 3. PRINCIPAL SUSPENSION 4. SUPERINTENDENT SUSPENSION  
5. OTHER (SPECIFY) \_\_\_\_\_

### Stolen/Damaged Property

Description \_\_\_\_\_  
Value \$ \_\_\_\_\_

### Witnesses

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

### Definitions of Incidents

## I. Assault

The intentional causing of physical injury (impairment of physical condition or substantial pain), to another person, with or without a weapon or dangerous instrument. Increase in degree with the seriousness of injury or weapon/instrument used. (M/F)

## 2. Verbal Harassment

Verbally threatening to strike, shove and kick. Also using abusive or obscene language or following a person in or about a public place, or engaging in a course of conduct which alarms or seriously annoys another person. (V/M)

### 3. Larceny

Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present. (M/F)

#### 4. Disorderly Conduct

Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or in violent tumultuous or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting of persons or creating hazardous conditions by an act which serves no legitimate purpose. (V)

## 5. Robbery

**Robbery**  
 Forcible stealing of another's property by use of or threat of immediate physical force. (Victim is present and aware of theft.) (F)

## 6. Sex Offense

Rape: Sexual intercourse without consent. (F)  
Sodomy: Committed as in rape with deviant sexual act being committed. (M/F)  
Sexual Abuse: Subjecting another to sexual contact without consent. (M/F)  
Public Lewdness: Exposure of sexual organs to others. (M)

## 7. Menacing

**Menacing** Intentionally places or attempts to place another person in fear of imminent serious physical injury. (M)

## 8. Criminal Mischief

Intentional or reckless damaging of the property of another person without permission. (M/T)

### 9. Reckless Endangerment

**Reckless Endangerment**  
Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury. (V/M)

## 10. Physical Harassment

Intentionally striking, shoving or kicking another, or subjecting another person to physical contact with NO resulting physical injury. (V/M)

V=Violation F=Felony M=Misdemeanor

**DESCRIPTION OF INCIDENT, Continued**

*[The page contains faint horizontal lines across its entire surface.]*



ASSIGNMENT

KNOW ALL MEN BY THESE PRESENTS, that I, .....

residing at ....., Borough of ..... City of New

York, and employed by the City School District of New York as .....

..... assigned to ..... for and in consideration of being granted an excuse of absence or leave of absence with pay by the City School District of New York, do hereby assign, transfer and set over unto the City School District of New York such part of any amount that may hereafter become payable to me as a result of any judgement or settlement of any action or claim I may have or which might be brought on my behalf against such person or persons, party or parties, associations or corporations whatsoever as may be liable to me or to my representatives for the injury sustained by me and for which I have received an excuse of absence or a leave of absence with pay from the City School District of New York, as shall be equal to the pay that I receive from the City School District of New York during such excuse of absence or leave of absence.

I hereby authorize the City School District of New York to collect the amount paid to me by the City School District of New York during my leave of absence or excuse of absence, from the party or parties who shall be or become indebted to me as the result of any judgment or settlement of any action or claim arising from the injury sustained by me for which I received an excuse of absence or a leave of absence with pay from the City School District of New York, and I further stipulate and consent that the sums paid to me by the City School District of New York during my excuse of absence or leave of absence shall constitute a primary lien which may be placed or charged against such action, claim and/or funds secured as a result of such action or claim as I may have, regardless of who may be in possession of such funds.

I hereby authorize and direct such person or persons, party or parties, firm or firms, corporation or corporations who will or may become indebted to me by reason of the aforesaid injury sustained by me to pay the City School District of New York as such assignee, out of the amount due or which may become due to me, such sums as are claimed by the said City School District of New York for the amount of money given to me by the City School District of New York during my absence, without further notice to such parties from me, and I hereby agree to hold such parties harmless on account of such payments.

I hereby authorize and direct my attorney or attorneys, or other person or persons into whose hands or possession any of the proceeds shall come, to hold in trust for and to pay over the City School District of New York, such sums as are claimed by the said City School District to have been paid to me by the City School District during my absence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this .....

day of ....., 20 .....

File Number ....

Social Security # .....(L.S.)

STATE OF NEW YORK }

COUNTY OF }

SS:

On this ..... day of ....., 20 ....., before me personally appeared ..... to me known and known to me to be the individual described in and who executed the foregoing instrument and duly acknowledged to me that he executed the same.

## CONFIDENTIAL MEDICAL REPORT AND MEDICAL EVALUATION

### Rules and Instructions

1. Confidential Medical Report (Form OP 407) is required whenever an application is submitted for sabbatical leave of absence for restoration of health, for leave of absence without pay for restoration of health, for sick leave in excess of twenty consecutive school days or as a result of injuries sustained in an alleged accident in line of duty. A Confidential Medical Report may be submitted by a physician in place of the Medical Certification on the sick leave application (Form OP 198) when strict confidentiality is desired.
2. Section I is to be completed in duplicate, using the carbon insert; Section II is for the Medical Division only and is to be completed only in the original. The entire form is to be mailed by the applicant or the physician directly to the School Medical Director at the time of filing application for sabbatical, leave of absence, or when sick leave exceeds twenty consecutive school days as soon as possible and when illness is further protracted; then whenever subsequent applications for sick leave are submitted.
3. After evaluation, the School Medical Director will forward his medical recommendation with respect to applications for sabbatical leaves and leaves of absence without pay for restoration of health to the responsible superintendent on Section III of Page 2 of Form OP 407 (retaining Page 1 in Confidential and Strictly Privileged medical files). Medical recommendation with respect to applications for sick leave will be forwarded to the school principal on Section V of application for sick leave (Form OP 198) as outlined thereon.



## INSTRUCTIONS FOR OP505

### **1. Required Enclosures:**

- a. Proof of Payment  
ie: Either copy of cancelled checks or copy of receipted paid bill on the doctors or vendor letterhead.
- b. Detailed bills that reflect the nature of the medical services rendered and prescriptions for items purchased. (CPT-4 code(s) per office visit and/or per treatment(s), including surgery) (See Below For Examples of Information Needed)
- c. Copy of the OP 198 approved by the Medical Bureau granting line-of-duty status for the period of absence.
- d. Accident and/or incident report.
- e. Notices of reimbursement from GHI, Medicare and private health insurance plans. GHI-CBP subscribers using partipating physicians should include copy of the reimbursement notices sent to their doctors by GHI.

### **2. Mailing Instructions:**

Sign the original OP 505 and one (1) copy. Mail original, copy and enclosures to:

The New York City Board of Education  
Division of Personnel  
Claims Unit - Medical Bureau  
Room 10 - 2nd Floor  
65 Court Street  
Brooklyn, New York, 11201

### EXAMPLES RE PARAGRAPH 1b. ABOVE

1. ANESTHESIA - How long administered (In hours and minutes)?
2. X-RAYS - What body part(s) was x-rayed. How many views were taken?
3. LABORATORY - What testing was done? Why? (Charge(s) per test MUST be shown)
4. PHYSICAL THERAPY - Length of session (In hours and/or minutes)?
5. PSYCHOTHERAPY - Length of session (In hours and/or minutes)?
6. CPT-4 - Physician's Current Procedural Terminology - is a standard classification used to identify and report procedures and services performed by or under the direction of a physician.

### NOTE

**INSTRUCTIONS FOR  
OP505 and OP505A  
ARE IDENTICAL**



NEW YORK CITY BOARD OF EDUCATION  
DIVISION OF HUMAN RESOURCES  
CLAIMS UNIT

2nd Floor - Room 10  
65 Court Street, Brooklyn, N.Y. 11201  
Telephone: (718) 935-2742

CLAIM FOR REIMBURSEMENT  
OF MEDICAL EXPENSES

SEE REVERSE SIDE FOR INSTRUCTIONS

PLEASE PRINT OR TYPE

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

1. TITLE: \_\_\_\_\_ 2. SCHOOL/OFFICE: \_\_\_\_\_

3. SCHOOL/OFFICE ADDRESS: \_\_\_\_\_

4. DATE OF ASSAULT: \_\_\_\_\_ 5. NATURE OF INJURY: \_\_\_\_\_

6. DESCRIPTION OF ASSAULT: (If additional space is needed write on separate sheet and attach to claim)

7. WERE YOU ABSENT DUE TO INJURY? YES ☐ NO ☐ : If yes, see paragraph 1c of instructions.

8. CHECK HEALTH PLAN CURRENTLY ENROLLED IN AND CHOICE OF OPTIONAL BENEFITS RIDER:

HEALTH PLAN	NO OPTIONAL RIDER	OPTIONAL RIDER	1FT OPTIONAL RIDER
a. <input type="checkbox"/> HIP/HMO	<input type="checkbox"/>	<input type="checkbox"/>	
b. <input type="checkbox"/> MED-PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
c. <input type="checkbox"/> GHI-CBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> GHI-TYPE C	<input type="checkbox"/>	<input type="checkbox"/>	

9. Are you or your spouse enrolled in any Private or Group Health Insurance Plans which provide coverage for any expenses incurred other than in section 8 above? YES ☐ NO ☐ If yes, please provide the following:

9a. Name of carrier: \_\_\_\_\_

Carrier address: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Policy number: \_\_\_\_\_

9b. Name of carrier: \_\_\_\_\_

Carrier address: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Policy number: \_\_\_\_\_

10. MEDICAL EXPENSES: \$ \_\_\_\_\_ (see § 1a of instructions)

11. REIMBURSEMENTS: \$ \_\_\_\_\_ (see § 1a of instructions)

Subtract item 11 from item 10.  
Remainder is entered in item 12.

12. AMOUNT CLAIMED: \$ \_\_\_\_\_

13. I hereby submit a claim for medical expenses as a result of an assault sustained in the line-of-duty. The facts in connection with the injuries are indicated above. This claim is made by me and submitted to the Board of Education with the intent that the Board of Education rely thereon in approving and paying my claim.

SIGNATURE OF CLAIMANT

DATE

14. CERTIFICATE BY PRINCIPAL OR HEAD OF BUREAU

I hereby transmit herewith a claim submitted by \_\_\_\_\_  
to the best of my knowledge, information and belief, the facts contained under paragraphs 1 through 7 are substantially true.

SIGNATURE AND TITLE

DATE

PRINT NAME

MAKE NO ENTRY BELOW THIS LINE (For Medical Bureau-Claims Unit use only)

Date Approved: \_\_\_\_\_ For Claims Unit: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date Disapproved: \_\_\_\_\_

cc: mme 9915A (6-85) (2)

## INSTRUCTIONS FOR OP504

**1. Required Enclosures:**

a. Proof of payment:

i.e., Either a copy of credit card receipt or statement definitively identifying lost or damaged item(s); cancelled check, or a receipted paid bill on the vendors letterhead.

- b. Copy of Incident Report and/or Police Report as required. (NOTE: Certain field assignment losses incurred by force and/or violence WILL NOT be reimbursable unless the claim is accompanied by a police report)

- c. Notice of reimbursement from insurance company, if applicable.

## 2. Mailing Instructions

Sign the original OP 504 and one (1) copy. Mail original, copy and enclosures to:

New York City Board of Education

Division of Personnel

Claims Unit

Room 10 - 2nd Floor, 65 Court Street

Brooklyn, New York 11201

CONTINUED FROM FRONT OF FORM:

7. Detailed Description of Incident (continued from front page):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## 8. Items Claimed (continued from front page)

[illegible]



NEW YORK CITY BOARD OF EDUCATION  
DIVISION OF PERSONNEL  
CLAIMS UNIT

2nd Floor - Room 10  
65 Court Street, Brooklyn, N.Y. 11201  
Telephone: (718) 935-2742

**CLAIM FOR LOSS OR  
DAMAGE TO PERSONAL PROPERTY**

SEE REVERSE SIDE FOR INSTRUCTIONS

PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

1. TITLE: \_\_\_\_\_ 2. SCHOOL OR OFFICE: \_\_\_\_\_

3. SCHOOL/OFFICE ADDRESS: \_\_\_\_\_

4. ROOM NUMBER OR PLACE OF LOSS OR DAMAGE: \_\_\_\_\_ DATE AND TIME: \_\_\_\_\_

5. DATE AND TIME REPORTED TO PRINCIPAL OR HEAD OF BUREAU: \_\_\_\_\_

6. WAS INCIDENT REPORTED TO THE POLICE? YES ☐ NO ☐

7. DETAILED DESCRIPTION OF INCIDENT: (CONTINUE ON REVERSE SIDE, IF NECESSARY) \_\_\_\_\_

8. ITEMS CLAIMED: (COMPLETE ON REVERSE SIDE, IF NECESSARY)

ARTICLE	COST	DATE PURCHASED	STORE & LOCATION

9. REIMBURSEMENT FOR PERSONAL PROPERTY IS LIMITED TO \$100.00 PER PERSON IN ANY SCHOOL YEAR. CASH IS NOT REIMBURSABLE. ONLY THE LOSS OR DAMAGE TO PERSONAL CLOTHING AND PERSONAL ACCESSORIES (I.E., HANDBAGS, WALLETS, EYEGLASSES, OR UMBRELLAS) ARE REIMBURSED.

10. IF DAMAGE HAS BEEN REPAIRED, INDICATE THE COST OF REPAIRS: \$ \_\_\_\_\_ 11. TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_

12. DO YOU HAVE A HOME OWNER'S POLICY OR ANY OTHER PRIVATE INSURANCE THAT WOULD COVER EITHER FULL OR PARTIAL REIMBURSEMENT OF YOUR LOSS?  
YES ☐ NO ☐ IF YES, FURNISH FOLLOWING: \_\_\_\_\_  
NAME, ADDRESS OF COMPANY, AND POLICY NUMBER (SEE PARAGRAPH 10 INSTRUCTIONS)

13. THE FACTS CONTAINED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT THE ACCEPTANCE OF PAYMENT FOR THE AMOUNT ALLOWED BY THE BOARD OF EDUCATION FOR THIS CLAIM SHALL RELEASE THE BOARD OF EDUCATION FROM ALL LIABILITY FOR THE LOSS OR DAMAGE TO PERSONAL PROPERTY ARISING OUT OF THE INCIDENT DESCRIBED ABOVE. I ALSO AGREE THAT IN THE EVENT THAT LOST PROPERTY IS LATER RECOVERED AND SAME IS RETURNED TO ME, I SHALL REIMBURSE THE BOARD OF EDUCATION FOR ANY MONIES PAID.

SIGNATURE OF CLAIMANT

DATE

**14. CERTIFICATE BY PRINCIPAL OR BUREAU HEAD**

THE FACTS CONTAINED UNDER ITEMS 1 THROUGH 8 ARE SUBSTANTIALLY CORRECT. ANY EXCEPTIONS ARE NOTED BELOW:

CHECK ONE ☐ APPROVAL RECOMMENDED

☐ DISAPPROVAL RECOMMENDED FOR THE FOLLOWING REASON: \_\_\_\_\_

EXCEPTIONS: \_\_\_\_\_

SIGNATURE

DATE

PRINT NAME

MAKE NO ENTRY BELOW THIS LINE

DATE APPROVED \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ FOR CLAIMS UNIT

DATE DISAPPROVED \_\_\_\_\_

BE/DOP 9932 (Rev. 8/87) d3

OP 504 (Rev. 8/87)

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																									
<p><b>*Note:</b> 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.</p>																																
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
<p><b>NB</b> Check applicable item and indicate all necessary data called for under each item checked:</p>																																
<p><input type="checkbox"/> A- <input type="checkbox"/> DAYS EXCUSED WITH PAY FOR PERSONAL ILLNESS DEDUCTIBLE FROM C.A.R. OR SICK BANK**</p> <p><b>**Note:</b> 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.)</p> <table style="width:100%;"> <tr> <td>C.A.R. on Initial Day of Illness</td> <td></td> <td>Self-Treated Days Used This Year or Term</td> <td></td> </tr> <tr> <td>Less Sick Days Now Claimed</td> <td>-</td> <td>Plus Self-Treated Days Now Claimed</td> <td>+</td> </tr> <tr> <td>Balance of Days Left in C.A.R.</td> <td></td> <td>Total Self-Treated Days Used</td> <td></td> </tr> <tr> <td>(Minus Balance Shows Borrowed Days)</td> <td></td> <td>Total "Self-Treated" for Personal Business</td> <td></td> </tr> </table>								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										
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																														
<p><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.</p>																																
<p><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.</p>																																
<p><input type="checkbox"/> D- <input type="checkbox"/> DAYS EXCUSED WITHOUT PAY. Does not apply to per diem substitutes.</p>																																
<p><input type="checkbox"/> E - OTHER:</p>																																

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):

<p><b>MEDICAL CERTIFICATION:</b> 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: _____</p>	
commonly known as:	
Physician's Address	Telephone
Typed or Printed Name	
Date	Signature of Physician
(If other than M.D., professional title is: _____)	

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 rubeola (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.

NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES  
65 Court Street, Brooklyn, New York 11201

RCS PA8C205

APPLICATION FOR EXCUSE OF ABSENCE WITHOUT PAY AND/OR AS NON-ATTENDANCE

☐ -Community District ☐ -City District Instructional Staff

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 #
License		Years of Service
<input type="checkbox"/> -Regularly Appointed	<input type="checkbox"/> -Regular Substitute	N. B. Not used for per diem substitutes

Days Absent: Use "N" for days of non-attendance and "A" for days excused without pay

Write name of month.  
Show school days of  
absence only. Use  
correct code to show  
type of absence.

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

Days	Hours	Minutes

OF NON-ATTENDANCE REQUESTED FOR PURPOSE CHECKED BELOW:

- |  |   |
|--|---|
| <input type="checkbox"/> A-Appearence for Jury Qualification                       | <input type="checkbox"/> J-Legislative Hearing  |
| <input type="checkbox"/> B-Appearence for Jury Duty                                | <input type="checkbox"/> K-Ordered Military Duty  |
| <input type="checkbox"/> C-Appearence on Official Business                         | <input type="checkbox"/> L-Quarantine   |
| <input type="checkbox"/> D-Appearence as Disinterested Witness                     | <input type="checkbox"/> M-Religious Observance   |
| <input type="checkbox"/> E-Death in Immediate Family or Household                  | <input type="checkbox"/> N-Requirement of the School System   |
| <input type="checkbox"/> F-Death of Relative Outside Immediate Family or Household | <input type="checkbox"/> O-School Visits and Meetings Within New York City  |
| <input type="checkbox"/> G-Funeral of an Associate                                 | <u>N.B.</u> School Meeting or Convention Outside New York City requires application on special application form (OP 221). |
| <input type="checkbox"/> H-Degree or Graduation                                    |   |
| <input type="checkbox"/> I-Extraordinary Transportation Delay                      |   |

Days	Hours	Minutes

OF ABSENCE EXCUSED WITHOUT PAY FOR PURPOSE CHECKED BELOW:

- |   |  |
|---|--|
| <input type="checkbox"/> AA-Interested Court Appearance     | <input type="checkbox"/> EE-Personal Business  |
| <input type="checkbox"/> BB-Death in Family                 | <u>N.B.</u> Personal Business excused with pay on self-certification requires application on sick leave application form (OP 198). |
| <input type="checkbox"/> CC-Funeral of Person Not in Family |  |
| <input type="checkbox"/> DD-Illness in Family               |  |

Comment or Explanation: (Give name and relationship of persons ill or deceased, graduating or receiving degree, nature of subpoena or notice or other directive requiring appearance, name of schools or activities visited, sponsoring organization, date and place of meeting or convention, or extent and type of military duty. Copies of orders, directives, notices subpoenas or like evidence when attached should be noted as enclosures.)

II. To be Completed by Applicant:

I hereby apply for excuse of absence without pay and/or as non-attendance as indicated in Section I above for the period and purpose stated and certify that the information shown in connection with this application is complete and accurate.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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

☐ -Approved ☐ -Disapproved for reason(s) indicated:

Date \_\_\_\_\_ Signature of Principal \_\_\_\_\_

IV. To be Completed by Community Superintendent (or, for City District staff, by the responsible Assistant Superintendent):

☐ -Approved ☐ -Disapproved for reason(s) indicated:

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

## GENERAL RULES AND INSTRUCTIONS

Absence may be excused without pay and/or as non-attendance by entry and countersignature on Form OP 104 (replaces SR 4) without use of application form (OP 201) except as directed by the principal in cases where this is not possible or when approval of a superintendent is required. Whenever used, Form OP 201 must show entire period covered by absence and/or non-attendance.

### Special Rules Governing Non-Attendance

Non-attendance is not considered absence for purposes of rating. Except as otherwise noted, is granted by the principal and a substitute may be engaged for each full day of such absence.

A-Appearance for Jury Qualification: Up to 3 hours but only when notice requires appearance during school hours. Substitute not authorized. Time to be arranged with principal in advance.

B-Appearance for Jury Duty: Department of Education must be paid compensation received for jury duty.

C-Appearance on Official Business: Before court, public board, commission or officer on business of Community Board or City Department of Education.

D-Appearance as Disinterested Witness: Before court, public board, commission or officer in case where neither employee nor anyone related to the employee in any way has a financial or personal interest either directly or indirectly and where the employee's attendance is not required as a result of any employment, occupation or voluntary act by the employee.

E-Death in Immediate Family or Household: Day of death and up to 3 calendar days immediately following death of parent, child, brother, sister, grandparent, grandchild, spouse, parent of spouse or any relative or step-relative residing in staff member's personal household. Time required exceeding this allowance (e. g., travel to funeral at a remote place) requires application on Form OP 201 and approval by responsible superintendent.

F-Death of Relative Outside Immediate Family or Household: Up to 1 day for funeral of brother-in-law, sister-in-law, son-in-law, daughter-in-law, nephew, niece, uncle or aunt not residing in employee's personal household.

G-Funeral of an Associate: Up to 1 day for funeral.

H-Degree or Graduation: Day of exercises marking award of diploma or degree by recognized school or institution of higher learning to employee, employee's parent, spouse, child or step-child. Excluded are ceremonies, however designated, such as "graduation" from nursery school or kindergarten or related to incidental or supplementary instruction such as released time. Up to 2 additional days so as not to exceed 3 consecutive calendar days when necessary to attend exercises at a remote place require application on Form OP 201 and approval by the responsible superintendent.

I- Extraordinary Transportation Delay: Up to 3 hours by the principal. Additional time up to 2 consecutive school days requires application on Form OP 201 and approval by the responsible superintendent except when covered by a blanket directive.

J-Legislative Hearing: Only with express permission obtained in advance from the Community Superintendent (or, for City District staff, from the Division of Human Resources acting for the Chancellor) may any employee testify before a legislative hearing or similar inquiry concerning school matters. Requires application on Form OP 201 and approval by the Community Superintendent (or, for City District staff, by the responsible Assistant Superintendent).

K-Ordered Military Duty: Up to 30 calendar days in each school year for reserve duty of regularly appointed personnel for regular substitute ordered to reserve duty during fall term, may not exceed period through January 31 or, when ordered to duty during the spring term, may not exceed period through close of school in June (since regular substitutes are considered employed by the term only). Time required for selective service examination (but not for entry into service other than as reservist) is granted as non-attendance.

L-Quarantine: For inclusive period shown on quarantine certificate.

M-Religious Observance: Subject to deduction approximating one day's pay for each day granted.

N-Requirement of the School System: As officially ordered to meet a requirement of the Community District Department of Education or Board of Examiners (whether as an assistant or candidate).

O-School Visits and Meetings Within New York City: Substitutes engaged only within U. F. T. agreement limit of an average of four teachers per school year in each school and not to cover supervisors covered by C. S. A. agreement which limits supervisors to four days per school year.

### Special Rules Governing Absence Excused Without Pay (Other than for Personal Illness)

Absence without pay (other than for personal illness applied for on Form OP 198) is excused by the principal up to 2 consecutive school days; additional time not to exceed one calendar month requires application on Form OP 201 and approval by the responsible superintendent. (Time exceeding one calendar month requires application for and acceptance of the proper leave of absence.) A substitute may be engaged for each full day of absence excused without pay.

AA-Interested Court Appearance: When not appropriate for non-attendance (see Item D above).

BB-Death in Family: When not appropriate for non-attendance (see Item E and Item F above) or in addition to non-attendance granted.

CC-Funeral of Person Not in Family: When not appropriate for non-attendance (see Item G above).

DD-Illness in Family:

EE-Personal Business: When not available on self-certification by application (on Form OP 198) for sick leave.

**The OP-221 Application Can Be DOWNLOADED As Follows:**

DFO: [www.nycenet.edu/dfo](http://www.nycenet.edu/dfo) (Click on **SOPM**, Scroll to **Travel and Conferences**, Click on **BOTH OP-221 and Rules for Completing OP-221**)

BOE: [www.nycenet.edu/boe](http://www.nycenet.edu/boe) (Click on **Administration**, Go to **Division of Human Resources (DHR)**,

Click on **BOTH OP-221 and Rules for Completing OP-221**)

**General Rules for the Completion of**

**APPLICATION TO ATTEND MEETING, CONFERENCE OR CONVENTION OUTSIDE NEW YORK CITY (Form OP-221)**

1. **Eligibility:** Non-attendance time required may be granted to a regularly appointed or regular (but **not** per diem) substitute member of the instructional or non-instructional staff for the purpose of attending a professional meeting, conference or convention **outside** New York City held by a recognized professional group or association.
2. **Application:** Form OP-221 must be submitted at least one (1) month before the first day of the meeting, conference or convention. A separate application must be submitted for each activity to be attended during the school or work year. (Do **not** use this form for permission to attend a meeting, conference or convention held **in** New York City, but instead, use Form OP-201.)
3. **Authorization:** Final approval and authorization may be granted (or denied) by the employee's Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy.

**Note:** Except for personnel employed there, applications will **not** be submitted to or processed by DHR.

4. **Non-Attendance With Pay and Payment of Expenses** may be granted an employee who is:
  - (a) specifically designated by the Chancellor, Deputy Chancellor, the employee's Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy; **or**
  - (a) a speaker or panel member at the function.
5. **Non-Attendance With Pay But Without Expenses** may be granted an employee who is:
  - (a) a delegate to a meeting, conference or convention dealing in whole or in part with educational matters relevant to the work of the school system; **or**
  - (b) an auditor or participant at a specialized subject conference relevant to the immediate duties of the employee.
6. **Non-Attendance Without Pay** may be granted to an employee who does **not** qualify for excuse with pay or for attendance at meetings, conferences and conventions of a non-educational nature.

**Special Instructions for Reimbursement of Expenses When Payment is Authorized**

**Note:** Complete details regarding reimbursement of business-related expenses including daily maximum allowances and required forms are explained in the Standard Operating Procedures Manual (SOPM) chapter on *Travel and Conferences* and the Division of Financial Operations' publication titled *Reimbursement of Business Expenses*.

1. **Reimbursement** may be paid for expenses such as, **but not limited to:**
  - (a) transportation by common carrier (less sales taxes);
  - (b) registration fees;
  - (c) meals, lodging, tips and other incidental/miscellaneous expenses.

**Note:** Notwithstanding the foregoing, the employee's Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy; or other officer authorizing reimbursement of expenses may impose an overall maximum for any applicant in order to maximize the district's/office's travel allotment.

2. **Claims for Reimbursement:** Within ten (10) days of return to duty, the employee must submit to the Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy who authorized payment of expenses, the following:
  - (a) Imprest Fund Expenditure Form (#25-2700.06.6)
  - (b) Form OD-7 – Business Expenses Report (may be reproduced locally or downloaded from the website of the Division of Financial Operations located at: <http://www.nycenet.edu/dfo>)
3. **Payment of Claims:** Upon approving a claim for reimbursement of expenses, the Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy or other appropriate official who authorized payment of expenses must sign **both** forms (**2 a** and **2 b** above) and attach a signed copy of the authorization for payment (Section III, Form OP-221.) All three (3) documents must be forwarded to the appropriate district/central business office.

**Special Instructions for Processing Application Form OP-221**

1. Applicant must complete and sign the application, obtain approval of his/her supervisor (Section II) and submit to the Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy (Section III) in charge of the school or activity in which employed. **Attach all appropriate documentation to the application.** Keep photocopies (for personal and school/office use) of all documentation being attached to the application.
2. Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy indicates approval or disapproval in Section III by signing the application. This application is to be held in his/her files. **Two** (2) photocopies of the signed/approved/disapproved application are to be **returned to the applicant's school or office.**
3. Upon receipt of the signed/approved/disapproved photocopies from the employee's Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy the originating school/office should retain one copy with all appropriate documentation in its files for possible future audit, and give the second copy to the applicant for his/her files.

**Revised: February 2001**

NEW YORK CITY BOARD OF EDUCATION  
DIVISION OF HUMAN RESOURCES  
65 Court Street, Brooklyn, New York 11201

APPLICATION TO ATTEND MEETING, CONFERENCE OR CONVENTION  
OUTSIDE NEW YORK CITY

Please read General Rules before completing application. Please print or type.

**I. To be Completed by Applicant:**

Full Name and Home Address of Applicant (or address to which reply is to be mailed)		Name and Address of Work Location (If Headquarters, include office or bureau and room numbers)													
ZIP		ZIP													
EIS ID #	Social Security #	District #													
License	Special Assignment (if any)														
<input type="checkbox"/> - Regularly Appointed	<input type="checkbox"/> - Regular Substitute <span style="float:right">Note: Not used for per diem substitutes</span>														
<table border="1" style="width:100%"><tr><th colspan="2">Time Excused</th></tr><tr><th>Days</th><th>Hours</th></tr><tr><td> </td><td> </td></tr></table>		Time Excused		Days	Hours			<table border="1" style="width:100%"><tr><th colspan="2">Inclusive Dates of Excuse</th></tr><tr><th>From</th><th>To</th></tr><tr><td> </td><td> </td></tr></table>		Inclusive Dates of Excuse		From	To		
Time Excused															
Days	Hours														
Inclusive Dates of Excuse															
From	To														
<table border="1" style="width:100%"><tr><th colspan="2">Inclusive Dates of Convention, etc.</th></tr><tr><th>From</th><th>To</th></tr><tr><td> </td><td> </td></tr></table>		Inclusive Dates of Convention, etc.		From	To										
Inclusive Dates of Convention, etc.															
From	To														
Permission to attend meeting, conference or convention outside New York City is applied for: <input type="checkbox"/> - Without Pay <input type="checkbox"/> - With Pay but Without Expenses <input type="checkbox"/> - With Pay and Payment of Expenses*															
<b>*Note:</b> When payment of expenses is requested, Item (a) must be completed and, if applicable, Item (b) must also be completed.															
(a) Applicant is to attend meeting, conference or convention as a <u>designee</u> of (as checked): <table style="width:100%"><tr><td><input type="checkbox"/> Chancellor</td><td><input type="checkbox"/> Superintendent</td><td><input type="checkbox"/> Deputy Superintendent</td></tr><tr><td><input type="checkbox"/> Deputy Chancellor</td><td><input type="checkbox"/> Executive Director/Head of Office</td><td><input type="checkbox"/> Other _____</td></tr></table> and/or is to participate as: <input type="checkbox"/> Speaker <input type="checkbox"/> Panel Member				<input type="checkbox"/> Chancellor	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Deputy Superintendent	<input type="checkbox"/> Deputy Chancellor	<input type="checkbox"/> Executive Director/Head of Office	<input type="checkbox"/> Other _____						
<input type="checkbox"/> Chancellor	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Deputy Superintendent													
<input type="checkbox"/> Deputy Chancellor	<input type="checkbox"/> Executive Director/Head of Office	<input type="checkbox"/> Other _____													
(b) If reimbursement of expenses is requested, please furnish source of funds															
District	Quick Code	Name of Program													
Name of Meeting, Conference or Convention		Location of Event Outside of New York City													
Reason for Attendance: <input type="checkbox"/> Member of Organization <input type="checkbox"/> Belongs to Related Organization <input type="checkbox"/> Other (explain) _____															
I hereby apply for permission to attend the above meeting, conference or convention outside New York City for the period and purpose stated and certify that the information shown above is complete and accurate. I understand that I may not claim non-attendance nor absent myself from work unless and until such permission has been granted by the Approving Officer(s) (indicated in II and/or III below) in charge of the school(s) or other centralized activity in which I am employed. (Necessary additional comment may be added below.)															
Date: _____		Signature of Applicant: _____													

**II. To be Completed by Appropriate Supervisor (Give Title):**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved for reason(s) indicated: _____
Date: _____      Signature of Supervisor: _____ Title: _____

**III. To be Completed by the Superintendent, Executive Director, Head of Office or, as appropriate, by their Deputy in Charge of the School(s) or Other Centralized Activity in which Applicant is Employed:**

<input type="checkbox"/> <b>Approved.</b> Authorization is hereby given to the above-named employee to be absent from duty from _____ through _____ inclusive to attend the meeting, conference or convention indicated in Section I: <input type="checkbox"/> Without Pay <input type="checkbox"/> With Pay but Without Expenses <input type="checkbox"/> With Pay and Payment of Expenses Overall Maximum (if any): \$ _____ Upon presentation of this authorization by the employee to the appropriate supervisor, absence will be recorded, as non-attendance in the pay status indicated and the authorization will be retained in work location personnel files.
<input type="checkbox"/> <b>Disapproved for the reason(s) indicated:</b> _____
Date: _____      Authorized Signature: _____      Title: _____ Unit if Not District: _____

FACT SHEET ON TRANSFER OF SICK LEAVE AMONG TEACHERS IN CASES OF CATASTROPHIC ILLNESS.

- Requests are considered on a one-by-one, ad hoc, bases.
- Transferee must have exhausted all earned sick leave and allowable borrowed time.
- Transferor must not have more than 180 days prior to transfer.
- Transferor must not have less than 50 days following transfer.
- One day will be transferred for every two days taken from bank of transfer or (2 for 1 basis).

**THE CITY SCHOOL DISTRICT OF NEW YORK  
DIVISION OF PERSONNEL  
65 COURT STREET - BROOKLYN, NEW YORK 11201**

**APPLICATION FOR BORROWED SICK LEAVE DAYS**

I, the undersigned, have exhausted my cumulative sick leave reserve and wish to borrow \_\_\_\_\_ days of additional sick leave. In consideration for receiving the additional sick leave I agree to the following:

- a) All borrowed sick leave which is not repaid out of future earnings of sick leave shall as of the date I cease service constitute a monetary debt to the Board of Education.
- b) Such monetary debt shall be calculated at the rate of pay that I am receiving as of the date I cease service.
- c) The Board of Education in its discretion and to the degree permitted by the State Law may deduct from any sums due me as of the date I cease service an amount equal to my monetary debt.
- d) Within thirty (30) days of the date I cease service I shall pay to the Board of Education the full amount of my monetary debt or, if deductions as described in paragraph "c" have been made, the balance of my monetary debt.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

OP - 198 ar (4.82)  
BS:nm  
/0200R

**APPLICATION FOR BORROWED SICK LEAVE DAYS  
OP198AR**

I hereby transfer \_\_\_\_\_ days from my C.A.R. to the recipient listed below. I understand that my C.A.R. will be reduced by the above number of days, with the recipient receiving one day for every two days I donate.

Prior to this transfer my C.A.R. did not exceed 180 days and after this transfer at least 50 days will remain in my C.A.R.

**DONOR INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_

File # \_\_\_\_\_ Social Security # \_\_\_\_\_

School \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Donor's Payroll Secretary Certification:**

I have subtracted \_\_\_\_\_ days from the donor's C.A.R. per the above. Prior balance \_\_\_\_\_  
Present balance \_\_\_\_\_

Donor's Payroll Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERINTENDENT'S APPROVAL:**

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECIPIENT INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_

File # \_\_\_\_\_ Social Security # \_\_\_\_\_

School \_\_\_\_\_

**Recipient's Payroll Secretary Certification:**

Prior to this transfer the recipient had exhausted hi/her C.A.R. and borrowed 20 days. I have added \_\_\_\_\_ days to the recipient's C.A.R. per the above.

Recipient's Payroll Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Certification: The above transfer has been completed.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERINTENDENT'S APPROVAL:**

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

1. A copy of this authorization is to be attached to the donor's file and the donor is to receive a copy of the completely executed authorization, including the recipient payroll secretary's certification.
2. A copy of this authorization is to be attached to the recipient's file.





**THE NEW YORK CITY DEPARTMENT OF EDUCATION**  
**DIVISION OF HUMAN RESOURCES, OFFICE OF SALARY SERVICES**  
 65 COURT STREET, ROOM 815  
 BROOKLYN, NEW YORK 11201  
 (718) 935-4000

**APPLICATION FOR SALARY STEP PLACEMENT**

Please complete this application if you have not indicated all of your work experience on your online application (TSN) and mail to address above.

**SECTION 1 - PERSONAL INFORMATION**

Name (Last, First, Middle Initial)		E-Mail Address	
Social Security Number	License under which currently serving	EIS Number	
Mailing Address (Number, Street, Apt., etc.)			
City	State	Zip Code	
School/Office	Borough	District/Region	

**SECTION 2 - PRIOR TEACHING EXPERIENCE PERFORMED OUTSIDE THE N.Y.C. DEPARTMENT OF EDUCATION**

School Name & Complete Address	Name of Head of Institution	Subj./grade taught	Date of Employment FROM TO		# of Days In School Year	Teaching Hours/Days

**SECTION 3 - PRIOR RELATED NON-TEACHING EXPERIENCE**

Name of Employer & Complete Mailing Address	Exact Title In Which Employed	Dates of Employment FROM TO		Hours Worked Per Week

**SECTION 4 - PRIOR TEACHING EXPERIENCE PERFORMED FOR THE N.Y.C. DEPARTMENT OF EDUCATION**

School Name, Borough & District	License	Dates of Service FROM TO		# of the Days Served	Type of Service (Reg/PD/Sub)

**SECTION 5 - APPLICANT'S DECLARATION AND SIGNATURE**

I understand that if any information or documentation provided as part of this application is found by the Chancellor or his designee to be fraudulent, forged, or altered, it will result in a denial of my application and may subject me to disciplinary action if I am already employed by the New York City Department of Education. I also understand I will have a chance to respond to any allegation that a document or information I have supplied is fraudulent, forged, or altered prior to any adverse action being taken against me. Finally, I understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged, or altered after my application has been processed and I have received additional money as a result, I will agree to return, upon demand by the Department of Education, that amount of money received which is directly attributable to the fraud, forgery, or alteration by deductions from my paycheck, or alternate means if I so elect or if I am no longer employed by the Department of Education.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date