

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

Applicant named below has signed Request for Leave and Section V on reverse.					
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
Status as of Last Day of Service Prior to Proposed Initial Date of Leave					
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 administrators 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 rate 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 1st. It is hereby agreed that if my leave is expiring on February 1st, I will notify my principal no later than the preceding December 15th. 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.