

New York City Board of Education  
Division of Human Resources  
Bureau of Paraprofessional & Hourly Non-Competitive Appointments  
65 Court Street – Room 501 • Brooklyn, New York 11201

### EDUCATIONAL PARAPROFESSIONAL LEAVE APPLICATION

This application is to be utilized for initial requests for leaves of absence as well as requests for extensions. Requests for extensions must be submitted prior to the date of expiration of current leave.

**PERSONAL INFORMATION (Please Print – Use Blue or Black Ink Only)**

NAME: (Last, First, Middle Initial)		START DATE: (mm/dd/yy) / /
SOCIAL SECURITY #:	EIS # (If Known):	Home Phone: ( )
MAILING ADDRESS: (Street, Apt #, City, State, Zip Code)		
DISTRICT/FMC:		SCHOOL:
EMPLOYEE SIGNATURE:		DATE:

*CHECK ONE LEAVE CATEGORY ONLY - All leaves are without pay. To be eligible for health related leaves, all sick time balances must be exhausted.*

<p><input type="checkbox"/> <b>PERSONAL ILLNESS or PREGNANCY RELATED</b> DISABILITY: (Max. 1 Year- No Seniority Requirement) Medical Bureau Approval Required.</p> <p><input type="checkbox"/> <b>ILLNESS IN IMMEDIATE FAMILY:</b> (Max 1 Year – 2 Years UFT Seniority Requirement) Relationship to Employee: _____ Medical Bureau Approval Required.</p> <p><input type="checkbox"/> <b>MATERNITY/CHILDCARE LEAVE:</b> (Max. 4 Years – 2 Years UFT Seniority Requirement) Attach a copy of the birth certificate for Childcare Leave.</p> <p><input type="checkbox"/> <b>TEACH IN NYC PUBLIC SCHOOLS:</b> (Max. 1 Year – 3 Years UFT Seniority Requirement) Attach a copy of NYC license and proof of Assignment.</p>	<p><input type="checkbox"/> <b>STUDY:</b> (Max. 1 Year – 3 years UFT Seniority Requirement) Attach original letter with raised seal from the Registrar's Office verifying course of study.</p> <p><input type="checkbox"/> <b>SERVE AS SCHOOL SECRETARY:</b> (Max. 1 Year – 3 Years UFT Seniority Requirement) Attach a copy of NYC license and proof of assignment.</p> <p><input type="checkbox"/> <b>SCHOOL SECRETARY ASSISTANT PROGRAM:</b> (Max. 18 Months – No Seniority Requirement) Attach a copy of NYC license and proof of assignment.</p> <p><input type="checkbox"/> <b>WORKERS' COMPENSATION</b> (No Seniority requirement) Attach a copy of Notice of Injury (Form C-2)</p> <p><input type="checkbox"/> <b>MILITARY DUTY</b> (No Seniority Requirement) Leave commences AFTER the first 22 days of leave with pay for ordered military duty (attach a copy of military orders).</p>
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LEAVE DURATION: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### CERTIFICATION OF PHYSICIAN OR OTHER AUTHORIZED PRACTITIONER

As a duly licensed physician or other authorized practitioner, I certify that between the dates \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_ the person named above will be incapacitated for school duties and that I attended the individual on the following dates: \_\_\_\_\_. The technical designation of illness is \_\_\_\_\_, commonly known as \_\_\_\_\_. For Maternity/Pregnancy Related Disability Leave: Expected due date: \_\_\_\_\_.

Name of Physician: (Please Print) : \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City State Zip Code

Physician's Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Title (if other than M.D.): \_\_\_\_\_

#### AUTHORIZING SIGNATURES (Both Signatures are Required)

PRINCIPAL/PROGRAM HEAD: _____	DATE: _____
SUPERINTENDENT (OR DESIGNEE): _____	DATE: _____
COMMENTS: _____	

#### DO NOT WRITE BELOW – FOR DEPARTMENT OF EDUCATION MEDICAL BUREAU USE ONLY

The Board of Education Medical Bureau has reviewed medical certification. Approval of this leave is:

☐ **RECOMMENDED** ☐ **NOT RECOMMENDED** from the period of \_\_\_\_\_ through \_\_\_\_\_.  
Any request for an extension must be submitted on a new form prior to the date of expiration of the present leave.

SIGNATURE OF MEDICAL DIRECTOR (Or Designated Physician)	DATE
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# EDUCATIONAL PARAPROFESSIONAL LEAVE APPLICATION

## SUMMARY OF MINIMUM SERVICE REQUIREMENTS AND MAXIMUM LEAVE DURATION

*Note: All leaves are without pay. To be eligible for health related leaves, all sick days must be exhausted.*

LEAVE TYPE	MINIMUM SERVICE REQUIREMENT	EIS STAFFING CODE	MAXIMUM LEAVE DURATION
Personal Illness	0	2HR	1 Year (with 1 year extension)
Pregnancy Related Disability	0	2PI	Up to 6 Weeks after birth of child
Illness in Immediate Family	2	2CF	1 Year
Maternity/Childcare	2	2ME	4 Years
Teaching	3	2PG	1 Year
Study	3	2LS	1 Year
School Secretary	3	2PG	1 Year
School Secretary Assistant	0	2PG	18 Months
Workers' Compensation	0	2WC	—
Military Duty	0	2MS	—