District 79 Alternative Schools & Programs *OP 198 form modified for D79 HR*

Pathways to Graduation
Preparing for high school equivalency and beyond

NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISON OF HUMAN RESOURCES
65 Court Street, Brooklyn, NY 11201

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 attached page and type separate application for each non-consecutive absence this month.

I. To be Completed by School Secretary or Applicant:

Full Name and Home Address of Applicant	School Number or Name and School Address Pathways to Graduation – 79Q950
File #	School District #79
License	Years of Service

☐- Regularly Appointed ☐- Regular Substitute ☐- 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:

☐A – ☐ 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. (Minus Balance Shows Borrowed Days)		Total Self-Treated Days Used	
		Total "Self-Treated" for Personal Business	

☐B – ☐ DAYS EXCUSED WITH PAY AND WITHOUT LOSS OF SICK LEAVE FOR CHILDREN'S DISEASE
Applies to rubeola, epidemic parotitis or varicella but not to rubella.

☐C – ☐ 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.

☐D – ☐ DAYS EXCUSED WITHOUT PAY
ACCIDENT – Report of Injury and Assignment (OP 200) must be filed prior to this application.

☐E – OTHER:

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

☐ - Self-Treated Days (if shown) are claimed for:
☐ - Confidential Medical Report (OP 147) substituted for Section IV and mailed directly.
☐ - I wish to borrow sick days to be repaid or constitute a debt to the Department of Education.

☐ - I did ☐ - I did not	report for duty to any afternoon or evening activity of the Department of Education or Community Board on any date for which excuse is requested.
Date	Pleae enter your file number in place of your signature before you submiting. **File Number:**

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

☐ - Approved without medical evaluation
☐ - Approved subject to medical evaluation
☐ - 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 license 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 the illness was:_____, commonly known as:

Physician's Address Telephone

Typed or Printed Name

Date _____ Signature of Physician_____, M.D.
(If other than M.D., professional title is:)

Submit