

OP 201: APPLICATION FOR EXCUSE OF ABSENCE WITHOUT PAY AND/OR AS NON-ATTENDANCE

Community District Instructional Staff City District Instructional Staff

SECTION I: TO BE COMPLETED BY SCHOOL SECRETARY OR APPLICANT

Applicant's Full Name <input style="width:90%;" type="text"/>	School Name <input style="width:95%;" type="text" value="Pathways to Graduation"/>
Home Address <input style="width:95%;" type="text"/>	School Address <input style="width:95%;" type="text" value="90-01 Sutphin blvd"/>
City <input style="width:15%;" type="text"/> State <input style="width:5%;" type="text"/> Zip <input style="width:15%;" type="text"/>	City <input style="width:25%;" type="text" value="Jamaica"/> State <input style="width:5%;" type="text" value="NY"/> Zip <input style="width:15%;" type="text" value="11435"/>

File# School District #

License Years of Service

Regularly Appointed 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.
Writethename 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
<input style="width:100%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>																														
<input style="width:100%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>																														
<input style="width:100%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>																														

Days <input style="width:40%;" type="text"/>	Hours <input style="width:40%;" type="text"/>	Minutes <input style="width:40%;" type="text"/>	OF NON-ATTENDANCE REQUESTED FOR PURPOSE CHECKED BELOW:
<input type="checkbox"/> A - Appearance for Jury Qualification	<input type="checkbox"/> B - Appearance for Jury Duty	<input type="checkbox"/> C - Appearance on Official Business	<input type="checkbox"/> D - Appearance as Disinterested Witness
<input type="checkbox"/> E - Death in Immediate Family or Household	<input type="checkbox"/> F - Death of Relative Outside Immediate Family or Household	<input type="checkbox"/> G - Funeral of an Associate	<input type="checkbox"/> H - Degree or Graduation
<input type="checkbox"/> I - Extraordinary Transportation Delay	<input type="checkbox"/> J - Legislative Hearing	<input type="checkbox"/> K - Ordered Military Duty	<input type="checkbox"/> L - Quarantine
<input type="checkbox"/> M - Religious Observance	<input type="checkbox"/> N - Requirement of the School System	<input type="checkbox"/> O - School Visits and Meetings Within New York City	

N.B. School meeting or convention outside New York City requires application on special application form (OP 221).

Days <input style="width:40%;" type="text"/>	Hours <input style="width:40%;" type="text"/>	Minutes <input style="width:40%;" type="text"/>	OF ABSENCE EXCUSED WITHOUT PAY FOR PURPOSE CHECKED BELOW:
<input type="checkbox"/> AA - Interested Court Appearance	<input type="checkbox"/> BB - Death in Family	<input type="checkbox"/> CC - Funeral of Person Not in Family	<input type="checkbox"/> DD - Illness in Family
<input type="checkbox"/> EE - Personal Business			

N.B. Personal Business excused with pay on self-certification requires application on sick leave application form (OP 198).

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.)

SECTION 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. **Please enter your File Number in place of your signature before submitting.**

File number of Applicant: Title Date

SECTION III: TO BE COMPLETED BY PRINCIPAL (IF OTHER APPROPRIATE SUPERVISOR, SHOW TITLE BELOW):

Approved Disapproved for reason(s) indicated:

Signature of Principal / Supervisor Title Date

SECTION IV: TO BE COMPLETED BY COMMUNITY SUPERINTENDENT (OR FOR CITY DISTRICT STAFF, BY RESPONSIBLE ASSISTANT SUPERINTENDENT):

Approved Disapproved for reason(s) indicated:

Authorized Signature Title