

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

**APPLICATION FOR EXCUSE OF ABSENCE FOR PERSONAL ILLNESS (SICK LEAVE)**

Type separate application for each non-consecutive absence this month.

**I. To be Completed by School Secretary or Applicant:**

Last Name: _____		First Name _____		Home Address of Applicant _____					
File # _____				School Code: 79Q950					
License _____				Years of Service _____					
<input type="checkbox"/> - Regularly Appointed			<input type="checkbox"/> - Regular Substitute			<input type="checkbox"/> - Per Diem Substitute			
<b>Inclusive Dates</b>	<b>From</b>	<b>To</b>	<b>Time Lost*</b>	<b>Days</b>	<b>Hours</b>	<b>Minutes</b>	<b>Illness Since September</b>	<b>Times</b>	<b>Days</b>

\*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.	<b>Month</b>	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	<input type="text"/>	Self-Treated Days Used This Year or Term	<input type="text"/>
<b>Less</b> Sick Days Now Claimed	<input type="text"/>	<b>Plus</b> Self-Treated Days Now Claimed	+ <input type="text"/>
Balance of Days Left in C.A.R. (Minus Balance Shows Borrowed Days)	<input type="text"/>	Total Self-Treated Days Used	<input type="text"/>
		Total "Self-Treated" for Personal Business	<input type="text"/>

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 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.

- 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 \_\_\_\_\_ **File Number:**

Please enter your file number in place of your signature before submitting.

**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: \_\_\_\_\_)