

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					
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	<input type="text"/>	Self-Treated Days Used This Year or Term	<input type="text"/>
Less Sick Days Now Claimed	<input type="text"/>	Plus 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 _____ Please enter your file number in place of your signature before submitting.
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: _____)