



NEW YORK CITY PUBLIC SCHOOLS

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CHANCELLOR

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January 3, 1991

PERSONNEL MEMORANDUM NO. 34, 1990-91

TO: Community School Board Presidents, Community Superintendents, High School Superintendents, Executive Directors, Heads of Offices, Principals of All Day Schools, UFT Chapter Leaders and UFT and CSA District Representatives

FROM: Thomas P. Ryan *TPR*  
Executive Director

SUBJECT: Bereavement Leave for Pedagogical Employees

Numerous inquiries have been received from the field regarding Special Circular #16, 1990-91 dated October 17, 1990. In an attempt to clarify many of these concerns, please be advised that:

- a) the effective date of the circular is October 1, 1990;
- b) all pedagogical personnel working under UFT and CSA collective bargaining agreements are covered by this memorandum. In addition, UFT paraprofessionals are also covered;
- c) the school days of non-attendance to be granted for a death occurring on Saturday are only Monday, Tuesday and Wednesday.

If you have any questions, please contact:

Mr. Robert Karp  
Director of Operations  
Division of Human Resources  
65 Court Street - Room 704  
Brooklyn, New York 11201

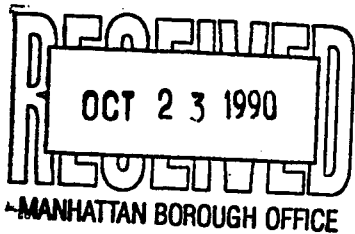
Telephone Number: (718) 935-5288

TPR:jk

Special Circular No. 16, 1990-91

*Staff*

October 17, 1990



NEW YORK CITY PUBLIC SCHOOLS  
OFFICE OF THE CHANCELLOR

TO: COMMUNITY SCHOOL BOARD PRESIDENTS, COMMUNITY SUPERINTENDENTS, HIGH SCHOOL SUPERINTENDENTS, EXECUTIVE DIRECTORS, HEADS OF OFFICES, PRINCIPALS OF ALL DAY SCHOOLS, UFT CHAPTER LEADERS AND UFT AND CSA DISTRICT REPRESENTATIVES

FROM: JOSEPH A. FERNANDEZ, CHANCELLOR *J. Fernandez*

SUBJECT: BEREAVEMENT LEAVE POLICY FOR PEDAGOGICAL EMPLOYEES

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ABSTRACT

This Special Circular supersedes Special Circular No. 35, issued on December 5, 1989. The most significant change from Special Circular No. 35 is that completed registration forms are to be sent to the Director of Operations, Division of Human Resources of the New York City Board of Education rather than to the New York City Department of Personnel. Registration forms previously submitted to the New York City Department of Personnel were forwarded to the Division of Human Resources. These registration forms will be honored. However, to ensure that no forms have been lost, the Division of Human Resources will send a confirmation letter to employees with a registration form on file as of the effective date of this circular. Employees who registered with the New York City Department of Personnel and have not received a letter from the Division of Human Resources must file a new registration form with the Director of Operations. In addition, further clarification is provided concerning the calculation of bereavement leave days and the fact that documentation of a death is now required only in unusual circumstances. This circular must be posted conspicuously.

The Board of Education's bereavement leave policy for pedagogical employees is extended to cover domestic partners as set forth herein.

The Board of Education will use the below-mentioned definition of domestic partners described in the Mayor's Executive Order No. 123, dated August 7, 1990.

Domestic partners are two people, both of whom are 18 years of age or older and neither of whom is married, who have a close and committed personal relationship involving shared responsibilities, who have lived together for a period of one year or more on a continuous basis at the time of registration, and who have registered as domestic partners and have not terminated the registration....

Employees may designate a domestic partner by completing an Affidavit of Domestic Partnership for Bereavement Leave Eligibility (attached). Employees may obtain an affidavit at the New York City Board of Education, Division of Human Resources, Director of Operations, 65 Court Street, Room 704, Brooklyn, N.Y. 11201. Employees must send completed forms to the Director of Operations at the above address by certified mail with return receipt requested.

Employees may terminate the registration of a domestic partnership at any time. However, they are required to terminate the registration if the relationship no longer meets the above definition of a domestic partnership. The appropriate form, Affidavit of Termination of Domestic Partnership for Bereavement Leave Eligibility (attached), may be obtained and filed in the same manner as the affidavit designating a domestic partner which is described in the preceding paragraph. A new domestic partnership may be registered after one year has elapsed from the filing of the termination form.

Employees are advised to retain copies of all correspondence regarding bereavement leave.

The school secretary or other appropriate timekeeper will contact the Director of Operations when bereavement leave is requested for a domestic partner or a covered relative of a domestic partner. Verification of a domestic partnership must be requested in writing. Once verification is obtained, bereavement leave may be granted in accordance with existing rules and regulations. Any information concerning an employee's entitlement to bereavement leave under this circular must be kept confidential. Under no circumstances may such information be used for purposes other than entitlement to bereavement leave.

The Board of Education's non-attendance policy for pedagogues which is stated in Section 9B4E and F of the Manual of Personnel Policies and Procedures, is accordingly modified as follows:

**E - DEATH IN IMMEDIATE FAMILY OR HOUSEHOLD**

Non-attendance on day of death and up to three calendar days immediately following (excluding weekends and holidays but not beyond the ninth calendar day from the day of death) is granted by the principal in case of death of parent, child, brother, sister, grandparent, spouse or domestic partner, parent of spouse or domestic partner, or any other relative or step relative of staff member's personal household. Additional time required (as, for example, necessary to attend funeral at a remote location) requires application (on Form OP 201) and approval by the Community Superintendent (or, for City District staff, by the responsible Assistant Superintendent).

Note: Days which may be granted as non-attendance are determined as follows (assuming no intervening holidays):

<u>Day of Death</u>	<u>School Days of Non-Attendance to be Granted</u>				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Monday	Monday	Tuesday	Wednesday	Thursday	Friday
Tuesday	Tuesday	Wednesday	Thursday	Friday	Monday
Wednesday	Wednesday	Thursday	Friday	Monday	Tuesday
Thursday	Thursday	Friday	Monday	Tuesday	Wednesday
Friday	Friday	Monday	Tuesday	Wednesday	Thursday
Saturday	Monday	Tuesday	Wednesday	Thursday	Friday

Additional time may be applied for and excused as absence without pay.

**F - DEATH OF RELATIVE OUTSIDE OF IMMEDIATE FAMILY OR HOUSEHOLD**

Non-attendance of up to one day is granted by the principal in order to attend funeral of a spouse's or domestic partner's brother, sister, son, daughter, or the staff member's (or spouse's or domestic partner's) nephew, niece, uncle or aunt not residing in staff member's personal household.

**Note:** Additional time for attendance at funeral of persons not included among those for whom non-attendance may be granted may be applied for and excused as absence without pay.

**Note:** For purposes of Sections E and F above, domestic partners are two people, both of whom are 18 years of age or older and neither of whom is married, who have a close and committed personal relationship involving shared responsibilities, who have lived together for a period of one year or more on a continuous basis at the time of registration, and who have registered as domestic partners and have not terminated the registration in accordance with procedures established herein.

**Note:** Other than completion of the application, documentation is not required as a condition for granting bereavement leave, except for unusual circumstances.

Please notify employees under your supervision of this change in the bereavement leave policy and post this circular conspicuously.

Questions concerning the bereavement leave policy should be referred to:

Mr. Robert Karp  
Director of Operations  
Division of Human Resources  
65 Court Street - Room 704  
Brooklyn, New York 11201

Telephone Number: (718) 935-5288

**AFFIDAVIT OF DOMESTIC PARTNERSHIP  
FOR BEREAVEMENT LEAVE ELIGIBILITY**

STATE OF )  
 )  
 ) :SS.:  
 )  
COUNTY OF )

\_\_\_\_\_, being duly sworn, deposes  
(First Name, Middle Initial, Last Name)

and says:

1: I designate \_\_\_\_\_ as my domestic  
(First Name, Middle Initial, Last Name)  
partner.

2: My domestic partner and I are both over 18 years of age and our marital status is "single".

3: We are currently living together and have been living together for a period of one year or more on a continuous basis.

4: We have a close and committed personal relationship with shared responsibilities.

5: Neither I nor my domestic partner is currently a member of another registered domestic partnership, nor have either of us been a member of another registered domestic partnership within the last twelve months.

6: I authorize the Director of Operations, Division of Human Resources to release to my school or other worksite verification of this registration should I request bereavement leave in accordance with Special Circular No. \_\_\_\_\_, 1990-91.

7: I agree to file an Affidavit of Termination of Domestic Partnership for Bereavement Leave Eligibility with the Director of Operations, Division of Human Resources, New York City Board of Education, should this relationship, at any time, fail to meet the definition of a domestic partnership as set forth in Special Circular No. \_\_\_\_\_, 1990-91 or should any of the matters sworn to in paragraphs "1" through "5" above no longer be true.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Sworn to before me this

\_\_\_ day of \_\_\_\_\_ 199\_\_

\_\_\_\_\_  
Notary Public

Employee's Title: \_\_\_\_\_

School: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP  
FOR BEREAVEMENT LEAVE ELIGIBILITY**

STATE OF                    )  
                              ):SS.:  
COUNTY OF                )

I, \_\_\_\_\_, hereby revoke the designation  
                              (First Name, Middle Initial, Last Name)  
of \_\_\_\_\_ as my domestic partner,  
                              (First Name, Middle Initial, Last Name)  
as designated by me on \_\_\_\_\_.  
  (Date)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Sworn to before me this  
\_\_ day of \_\_\_\_\_ 199\_\_

\_\_\_\_\_  
Notary Public

Employee's Title: \_\_\_\_\_

School: \_\_\_\_\_

Social Security Number: \_\_\_\_\_