

The New York City Department of Education
Division of Human Resources
Center for Recruitment and Professional Development
65 Court Street, Room 701
Brooklyn, New York 11201

Military Pay Reimbursement Agreement

Name: _____

Work Location: _____

File # (if applicable) _____

Social Security #: _____

Title: _____

Military Pay Reimbursement Agreement for Ordered Military Duty in Operation Enduring Freedom or Other Ordered Military Duty in Connection With the Events of September 11, 2001

Pursuant to the provisions of Personnel Order No. 2002/1, dated October 14, 2002, and Chancellor Harold Levy's Memorandum dated November 2, 2001, and in consideration of the payment to me by the Department of Education of the City of New York of my full salary and benefits while I serve on ordered military duty in Operation Enduring Freedom or am otherwise serving on ordered military duty in connection with the events of September 11, 2001, I agree that I shall remit to the Department of Education an amount equal to the amount I receive in military pay* or Department of Education salary, whichever is less, for any days in excess of the statutory entitlement of thirty calendar days or twenty-two work days within thirty days after the conclusion of ordered military duty. Upon my return to work, I agree that the Department of Education may deduct this amount from my salary over a period of time, at a rate not to exceed ten percent of my salary.

I further agree that I will cooperate fully with the Department of Education in providing whatever information the Department of Education requires to determine the amount of my military pay during my service on ordered military duty, including, but not limited to, providing my military pay stubs.

I further agree that this agreement shall in no way limit the right of the Department of Education to exercise any other lawful remedy available to it to recover any amount not repaid by me as expeditiously as possible.

*Military pay is defined as the amount of base pay plus allowances for food and shelter.

Signature

Date

On the ____ day of _____, 200____, _____ did come before me and did affix his/her signature.

Notary

Affix Stamp