

OFFICE OF PERSONNEL

65 Court Street, Brooklyn, New York 11201

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

-Community District -City District Instructional Staff

Read rules on reverse and type separate application for each non-consecutive absence in month.

I. To be Completed by School Secretary or Applicant:

Full Name and Home Address of Applicant <div style="text-align: right;">ZIP</div>	School Number or Name and School Address <div style="text-align: right;">ZIP</div>
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File #	Social Security #	School District #
License	Years of Service	
<input type="checkbox"/> - Regularly Appointed	<input type="checkbox"/> - 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.

Write name of month. Show school days of absence only. Use correct code to show type of absence.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">Month</th> <th style="font-size: x-small;">1</th><th style="font-size: x-small;">2</th><th style="font-size: x-small;">3</th><th style="font-size: x-small;">4</th><th style="font-size: x-small;">5</th><th style="font-size: x-small;">6</th><th style="font-size: x-small;">7</th><th style="font-size: x-small;">8</th><th style="font-size: x-small;">9</th><th style="font-size: x-small;">10</th><th style="font-size: x-small;">11</th><th style="font-size: x-small;">12</th><th style="font-size: x-small;">13</th><th style="font-size: x-small;">14</th><th style="font-size: x-small;">15</th><th style="font-size: x-small;">16</th><th style="font-size: x-small;">17</th><th style="font-size: x-small;">18</th><th style="font-size: x-small;">19</th><th style="font-size: x-small;">20</th><th style="font-size: x-small;">21</th><th style="font-size: x-small;">22</th><th style="font-size: x-small;">23</th><th style="font-size: x-small;">24</th><th style="font-size: x-small;">25</th><th style="font-size: x-small;">26</th><th style="font-size: x-small;">27</th><th style="font-size: x-small;">28</th><th style="font-size: x-small;">29</th><th style="font-size: x-small;">30</th><th style="font-size: x-small;">31</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	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																																																																																																				
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Days	Hours	Minutes	<p align="center">OF NON-ATTENDANCE REQUESTED FOR PURPOSE CHECKED BELOW:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> A - Appearance for Jury Qualification</p> <p><input type="checkbox"/> B - Appearance for Jury Duty</p> <p><input type="checkbox"/> C - Appearance on Official Business</p> <p><input type="checkbox"/> D - Appearance as Disinterested Witness</p> <p><input type="checkbox"/> E - Death in Immediate Family or Household</p> <p><input type="checkbox"/> F - Death of Relative Outside Immediate Family or Household</p> <p><input type="checkbox"/> G - Funeral of an Associate</p> <p><input type="checkbox"/> H - Degree or Graduation</p> <p><input type="checkbox"/> I - Extraordinary Transportation Delay</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> J - Legislative Hearing</p> <p><input type="checkbox"/> K - Ordered Military Duty</p> <p><input type="checkbox"/> L - Quarantine</p> <p><input type="checkbox"/> M - Religious Observance</p> <p><input type="checkbox"/> N - Requirement of the School System</p> <p><input type="checkbox"/> O - School Visits and Meetings Within New York City</p> </div> </div> <p style="font-size: small;">N.B. School Meeting or Convention Outside New York City requires application on special application form (OP 221).</p>
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Days	Hours	Minutes	<p align="center">OF ABSENCE EXCUSED WITHOUT PAY FOR PURPOSE CHECKED BELOW:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> AA - Interested Court Appearance</p> <p><input type="checkbox"/> BB - Death in Family</p> <p><input type="checkbox"/> CC - Funeral of Person Not in Family</p> <p><input type="checkbox"/> DD - Illness in Family</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> EE - Personal Business</p> </div> </div> <p style="font-size: small;">N.B. Personal Business excused with pay on self-certification requires application on sick leave application form (OP 19).</p>
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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.)

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.

Date _____ Signature of Applicant _____

III. To be Completed by Principal (If Other Appropriate Supervisor, Show Title Below):

- Approved - Disapproved for reason(s) indicated:

Date _____ Signature of Principal _____

IV. To be Completed by Community Superintendent (or, for City District staff, by the responsible Assistant Superintendent):

- Approved - Disapproved for reason(s) indicated:

Date _____ Authorized Signature _____