

**THE CITY SCHOOL DISTRICT OF NEW YORK
DIVISION OF HUMAN RESOURCES – BUREAU OF DIFFERENTIALS AND SALARY STATUS
65 Court Street, Brooklyn, New York 11201**

**RESUMPTION OF SERVICE REPORT
Following Leave of Absence Without Pay**

To be Completed at School or Unit Level: Submit to Bureau of Differentials and Salary Status not later than the second school day after return to actual and personal service following Leave of Absence Without Pay. (Not required following Sabbatical Leave, Terminal Leave, or Leave in Lieu of Sabbaticals.) Use chart on reverse to compute pro-rata summer vacation pay days.

DATA AT RESUMPTION OF SERVICE			
NAME OF EMPLOYEE	FILE NUMBER	SOCIAL SECURITY NUMBER	
SCHOOL ADDRESS	SCHOOL	BOROUGH	DIST.
	LICENSE		
SCHOOL TELEPHONE	POSITION CODE NO. a	PROGRAM FUNCTION NUMBER a	

DATA AT START OF AND DURING LEAVE				
OLD EQUATED DATE (PRIOR TO LEAVE)	INCLUSIVE DATES OF LEAVE OF ABSENCE (INCLUDE CONSECUTIVE PRIOR LEAVE)		VACATION DAYS PRO-RATED AT START OF LEAVE b	DAYS SUBSTITUTED (WHEN 95 OR MORE) DURING LEAVE c
	FROM	THROUGH		
DIFFERENTIAL HELD AT START OF LEAVE (C2, PD OR C6) d	SALARY STEP AT START OF LEAVE	VACATION DAYS PRO-RATED TO NEXT JUNE e	POSITION CODE NUMBER AT START OF LEAVE f	PROGRAM FUNCTION NUMBER AT START OF LEAVE f

DATA FOLLOWING RESUMPTION OF SERVICE				
DATE OF RESUMPTION OF SERVICE AFTER LEAVE	FOR OFFICE PERSONNEL USE ONLY			
	PPRVP	NED	SSc	SSt

NOTES
<p>(a) As entered on Position Control Change Notice (PCCN) for return to service.</p> <p>(b) Indicated on Certificate of Experience or original Grant of Leave. Reflects school days served between last paid summer vacation and initial date of leave.</p> <p>(c) Leave blank unless employee reports 95 or more days served as substitute during leave.</p> <p>(d) C2 = First Differential; PD = Promotional Differential; C6 = Second Differential.</p> <p>(e) Reflects school days to be served from resumption of service through following June.</p> <p>(f) As entered on Position Control Change Notice (PCCN) or original Grant of Leave upon start of leave. If unknown, leave blank.</p>

Certification
<p>I certify that the above-named member of the instructional staff resumed service as indicated following expiration or termination of a leave of absence without pay.</p> <p style="text-align: right;">Signature of Principal (If Other, Give Title)</p> <p>Date</p>