



New York City Department of Education
 Pedagogic/School Based Payrolls
 65 Court Street, Room 1400
 Brooklyn, New York 11201

Phone: 718-935-2218

Form: OP-44

APPLICATION FOR TERMINATION PAY FOR PEDAGOGUES

File No	SSN	Teacher Regular
Name		
Address		
City	State	Zip Code
School	Dist	Borough
License	Emp Tele #	Title

I hereby request termination pay on the basis of the following terms and conditions.*

Teachers who resign or retire shall, upon application, receive termination pay on the basis of one half of up to 200 days of the unused sick leave accumulated as a regularly appointed or regular substitute teacher. If the resignation or retirement becomes effective at any time other than the end of a school year, sick leave for the period of services during that school year shall be paid at the rate of one day for each two full months of service.

* Extracts from Art. Sixteen 16A, 17, 18 & 19. Agreement between the Board of Education & UFT covering Teachers, Oct. 16, 1995 - Nov. 12, 2000. (Substantially identical provisions appear in other agreements with UFT and CSA).

Reason	Effective
Applicant Signature	Current Date

Has 90 Day Notice of retirement / resignation been provided?

No *	Yes	Date Notice Provided
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* **Please Note:** School - Based supervisors who do not comply with this provision will have their final entitlement payment made in a lump sum two (2) years after their retirement / resignation.

Signature of Principal / Superintendent	Date
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A) Number of days remaining in Applicant's Cumulative Absence Reserve after all deductions for illness and (if granted) deduction of twice the number of school days of Terminal Leave.

B) It is hereby certified that the above-named applicant is entitled to the amount of days of Termination Pay (Half of A) shown here.

Date	Timekeeper or Payroll Secretary
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	Signature of Principal
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School's Tele #	Title, if Other
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Note: If the applicant does not wish to be paid until a future year. Please indicate the year

Certified by	Paid On
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Date Printed