

**REQUEST FOR WAIVER OF RESTRICTION ON PER SESSION EMPLOYMENT (OP-175W)**

**Directions:** The appropriate Per Session Supervisor must sign and submit this form to request a waiver of the restrictions on per session employment, in accordance with Chancellor's Regulation C-175. Per Session employment may not exceed 500 hours (with a maximum of 270 hours in a school psychologist and/or school social worker (SP/ SW) position) in a per session year unless prior approval is received from the Division of Human Resources. **Failure to obtain a valid waiver may result in the withholding of payment.**

Waiver is requested for: \_\_\_\_\_  
(Last Name) (First Name) (MI)  
Email Address: \_\_\_\_\_ File # \_\_\_\_\_

**To be completed by the Per Session Activity Supervisor:**

The applicant has been selected for the position of: \_\_\_\_\_

Budget Code \_\_\_\_\_ District \_\_\_\_\_ Quick Code \_\_\_\_\_ Line # \_\_\_\_\_ Job ID \_\_\_\_\_

Location of Per Session Activity: (School/Office) \_\_\_\_\_

Per Session Program Supervisor/ Supt.: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please enter the number of hours above the hour maximum that you are requesting this waiver for:

\_\_\_\_\_ number of hours over 500 limit **OR** \_\_\_\_\_ number of hours over 270 SP/ SW limit

Between what dates and how widely was the position advertised (School/ District or Borough/ Citywide)?  
(Attach copy of advertisement)

Number of applications received for this position: \_\_\_\_\_

Are there other applicants for whom a waiver would not be needed? \_\_\_\_\_  
If so, indicate why these applicants were not selected:

Please explain why this is the only applicant that is qualified for the additional work in this activity:

**Declaration of Per Session Supervisor:** I certify that this position was advertised and selected in accordance with the regulations governing per session employment and the current Collective Bargaining Agreement, and that this waiver is needed to staff the position appropriately. Per Session employees have been notified that they are not permitted to exceed these hours unless prior written approval has been received from the appropriate ISC or Division of Human Resources.

\_\_\_\_\_  
Signature of Per Session Supervisor

\_\_\_\_\_  
Date

**Submission Information:** Submit this form and a copy of the employee's APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (Form OP-175) along with the advertisement announcing this position to appropriate office for review:

**SCHOOL/ DISTRICT/ BOROUGH Positions:** Your Integrated Service Center's HR Partner or Children First Network's HR Director. For SW/ SP positions, please submit to your ISC's Deputy Executive Director, Special Education or your CFN HR Director.

**CENTRAL Positions:** Division of Human Resources – 65 Court Street (Rm. 801), Brooklyn, NY 11201.

**For Principal Per Session Activities Only** - Principals must submit a per session waiver request to their Superintendent using the current WEB online per session request system in FAMIS.

**FOR ISC OR HUMAN RESOURCES ACTION (BASED ON LOCATION OF PER SESSION ACTIVITY)**

**To Applicant/Program Supervisor:** Your request for a waiver of the restriction noted above for per session year \_\_\_\_\_ has been

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
ISC or Division of Human Resources

\_\_\_\_\_  
Date