

**THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
65 Court Street, Room 506, Attention: Barry Rivers
Brooklyn, NY 11201**

**PD 19: Application for Excuse of Absence with Pay for Administrative Employees
(Under Rule 6.8 - Rules and Regulations for Administrative Employees)**

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES SECTION

1: IDENTIFYING INFORMATION AND EMPLOYEE SIGNATURE			
Employee's First Name <input style="width: 90%;" type="text"/>	EIS # <input style="width: 80%;" type="text"/>	EMPL ID # <input style="width: 80%;" type="text"/>	
Employee's Last Name <input style="width: 90%;" type="text"/>	Civil Service Title <input style="width: 90%;" type="text"/>		
Home Address <input style="width: 90%;" type="text"/>	School/Division or Office Location <input style="width: 90%;" type="text"/>		
City <input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip <input style="width: 15%;" type="text"/>	Section/Unit (If Applicable) <input style="width: 40%;" type="text"/>	Payroll Bank <input style="width: 40%;" type="text"/>	
Date of Absence <input style="width: 25%;" type="text"/>	Total Time of Absence:		
Date of Absence <input style="width: 25%;" type="text"/>	<input style="width: 10%;" type="text"/> Days	<input style="width: 10%;" type="text"/> Hours	<input style="width: 10%;" type="text"/> Minutes
Signature of Employee _____		Date <input style="width: 15%;" type="text"/>	

SECTION 2: EXCUSE OF ABSENCE. PLEASE CHECK THE APPROPRIATE BOX.	
<input type="checkbox"/>	1. Jury duty. Attach Official documentation certifying dates of service.
<input type="checkbox"/>	2. Death in immediate family or immediate household for up to four days of excused absence. State below the name and relationship of the deceased, date of death and date of funeral. If additional time is needed because of death or funeral at a place remote from the City of New York, please describe below.
<input type="checkbox"/>	3. Attendance of funeral of relative for up to one day of excused absence (other than No. 2 above). State below the name and relationship of the deceased. If married, indicate below if the deceased is related to you through marriage.
<input type="checkbox"/>	4. Attendance of funeral of co-worker for up to four hours of excused absence. For a funeral of a co-worker or some other person connected with your department. State below the name of the deceased.
<input type="checkbox"/>	5. Graduation for up to one day of excused absence. State relationship below and attach graduation program that includes a list of graduates, date, time and grade/degree.
<input type="checkbox"/>	6. Attendance at court as witness. State below the nature of the action and attach a copy of subpoena.
<input type="checkbox"/>	7. Attendance at department of personnel (city civil service) or Board of Examiners. For examination, investigation or interview. State below arrival and departure time and the title of the examination and whether absence is due to written, performance, medical or physical examination, investigation or interview. If due to interview, state what department(s) below.
<input type="checkbox"/>	8. Workers' Compensation. For first week of absence covered by Workers' Compensation Law caused by injury during the course of employment or three hours to attend related Workers' Compensation hearing. Attach a copy of C-2 form or verification of attendance at hearing.
<input type="checkbox"/>	9. Military or naval duty for up to 22 work days or 30 calendar days. Attach a certificate of attendance, drill schedules or military orders from commanding officer. State below the number of work days you served this calendar year (excluding this application).
<input type="checkbox"/>	10. Quarantine. Attach a doctor's note that includes dates of quarantine period.
<input type="checkbox"/>	11. Other authorized absences. Including Selective Services Act, blood donation, attendance at conventions, conferences or workshops, attendance before legislative body. Please explain below and attach appropriate documentation.
Explanation (If required)	

SECTION 3: AUTHORIZED SIGNATURES			
Line Manager: (check one)	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Signature of Principal / Supervisor _____	Title <input style="width: 80%;" type="text"/>	Date <input style="width: 15%;" type="text"/>	
Personnel Officer, DBM or Chief Timekeeper:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Signature of Principal / Supervisor _____	Title <input style="width: 80%;" type="text"/>	Date <input style="width: 15%;" type="text"/>	
Organization Head or Designee:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Signature of Principal / Supervisor _____	Title <input style="width: 80%;" type="text"/>	Date <input style="width: 15%;" type="text"/>	