NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES
65 Court Street, Brooklyn, N.Y. 11201

RCS PA8C145

APPLICATION FOR EXCUSE OF ABSENCE FOR PERSONAL ILLNESS (SICK LEAVE)

☐ - Community District ☐ - City District Instructional Staff
☐ - For Information of Medical Division ☐ - Request for Medical Evaluation

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	School Number or Name and School Address
ZIP	ZIP

File #	Social Security #	School District #
License		Years of Service

☐ - Regularly Appointed ☐ - Regular Substitute ☐ - Per Diem Substitute

Inclusive Dates	From	To	Time Lost*	Days	Hours	Minutes	Illness Since September	Times	Days

***Note:** For per diem substitute show only days during which applicant would otherwise have been employed in position held immediately prior to absence to be excused.

Dates on which absence occurred. Write name of month. Check with an "X" those days on which absence occurred.

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

NB Check applicable item and indicate all necessary data called for under each item checked:

☐ A-___ DAYS EXCUSED WITH PAY FOR PERSONAL ILLNESS DEDUCTIBLE FROM C.A.R. OR SICK BANK**

**Note: Per diem substitute must surrender sick leave credit certificate dated prior to date of absence. (C.A.R. and Self-Treatment data to be omitted below.)

C.A.R. on Initial Day of Illness		Self-Treated Days Used This Year or Term	
Less Sick Days Now Claimed	−	Plus Self-Treated Days Now Claimed	+
Balance of Days Left in C.A.R.		Total Self-Treated Days Used	
(Minus Balance Shows Borrowed Days)		Total "Self-Treated" for Personal Business	

☐ B-___ DAYS EXCUSED WITH PAY AND WITHOUT LOSS OF SICK LEAVE FOR CHILDREN'S DISEASES
Applies to rubeola, epidemic parotitis or varicella but not to rubella.

☐ C-___ DAYS EXCUSED WITH PAY AND WITHOUT LOSS OF SICK LEAVE FOR ALLEGED LINE OF DUTY ACCIDENT — Report of Injury and Assignment (OP 200) must be filed prior to this application.

☐ D-___ DAYS EXCUSED WITHOUT PAY. Does not apply to per diem substitutes.

☐ E - OTHER:

II. To be Completed by Applicant (Check Only as Applicable):

☐ - Self-Treated Days (if shown) are claimed for:
☐ - Confidential Medical Report (OP 407) substituted for Section IV and mailed directly.
☐ - I wish to borrow sick days to be repaid or constitute a debt to the Department of Education.
☐ - I did / ☐ - I did not — report for duty to any afternoon or evening activity of the Department of Education or Community Board on any date for which excuse is requested.

Date Signature of Applicant

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

☐ - Approved without medical evaluation ☐ - Approved subject to medical evaluation
☐ - Disapproved for reason(s) indicated:

Date Signature of Principal

IV. To be Completed by Physician or Other Authorized Practitioner (OP 407 is to be substituted for absence exceeding 20 consecutive school days or when report is confidential):

MEDICAL CERTIFICATION: As a duly licensed physician or other authorized practitioner, I certify that between the dates __________ and __________ the person named above was incapacitated for school duties and that I attended the individual on the following dates: __________ . The technical designation of illness was:

__________,

commonly known as:

Physician's Address __________ Telephone

Typed or Printed Name

Date __________ Signature of Physician __________, M.D.
(If other than M.D., professional title is: __________)

V. To be Completed by Medical Division and Returned to School as Necessary:

Medical Recommendation Submitted as Noted Subject to All Administrative Requirements	☐ - Medically Approved		☐ - Medically Disapproved	
	From	To	From	To
☐ - Ordinary Illness (Item A or Item D)				
☐ - Enumerated Children's Disease (Item B)				
☐ - Alleged Line of Duty Accident (Item C)				
☐ - Other				

☐ - Individual not to return to duty without further recommendation of Medical Division.

Additional Remarks:

Date Signature of Medical Director

25-2800.10.9 (500 Pkgs.) 7/93

Form OP 198 (2-71 - Replaces OP 199, OP 199A, OP 201 Item 1)

COPY 1 - FOR MEDICAL DIVISION WHEN FORWARDED