NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES
65 Court Street – Brooklyn, New York 11201

Per Session Vacancy Circulars

Teacher, Supervisor, Clinical

OP175 Form 2008-2009 (required for all Per Session Vacancy Applications for activities occurring 7/01/08 – 6/30/09)

Post Date: August 28, 2008

Deadline: September 25, 2008

PS Vac Circ.#1, School Yr.'08-'09, Teacher(s) of Adult Basic Education, GED, English as a Second Language, Computer Literacy and Computer Assisted Instruction, Distance Learning and Licensed Practical Nursing, Emergency Medical Technician, A+ Certification/Computer Repair, Medical Billing, Microsoft Office Certification, Air Conditioning and Refrigerator Repair, Certified Nurse Assistant (Approximately 200 positions)

PS Vac Circ.#2, School Yr.'08-'09, Supervisor- Adult Education (Approximately 25 positions)

Application for Per Session Employment and Claim for Retention Rights for 2007-2008

Directions: Please read the second page of this form before completing it. This form must be completed prior to commencement of employment by a person applying for work in a per session activity. A copy of this form must be retained by the per session program supervisor. An applicant who wishes to claim retention rights must assert such a claim on this form. No person may be employed or paid for a second per session activity or for more than 400 hours (or 270 for appropriate School/CSE Staff Assessment activities) in one or a combination of per session activities without prior written approval of the Division of Human Resources in accordance with Chancellor's Regulation C-175.

Last Name _____ First _____ MI _____

Home Address _____Zip_____

Home Phone (____)_____ File #_____ Social Security #_____

I. Are you a full time employee of the NYC Department of Education? ___ Yes ___ No If yes, indicate current work location: ISC____ District____ School/Office_____

License or Title _____ Hours of Employment From _____ to _____

II. Under Collective Bargaining Agreements, you may claim retention rights in only one activity. (Please refer to #14 on the reverse side of this form.)

Per Session Position For Which You Are Applying: Program Name_____

ISC___ District___ Approximate Start Date:_____ Do you claim retention rights? ___ Yes ___ No

School/Office_____ Approximate Total # of Hours in Activity _____

Work Hours Monday-Friday _____ to _____ Saturday- Sunday _____ to _____

III. Between July 1, 2007 and June 30, 2008 have you worked or do you plan to work in any other per session activity? ___ Yes ___ No. If yes, indicate all positions below. *Use additional sheets if necessary.*

a) Program Name_____

ISC___ District___ Approximate Start Date:_____ Do you claim retention rights? ___ Yes ___ No

School/Office_____ Approximate Total # of Hours in Activity _____

Work Hours Monday-Friday _____ to _____ Saturday- Sunday _____ to _____

b) Program Name_____

ISC___ District___ Approximate Start Date:_____ Do you claim retention rights? ___ Yes ___ No

School/Office_____ Approximate Total # of Hours in Activity _____

Work Hours Monday-Friday _____ to _____ Saturday- Sunday _____ to _____

IV. Will your total per session hours for this year, including the hours for the position for which you are applying, exceed 400? (or 270 for appropriate School/CSE Assessment Staff activities) ___ Yes ___ No

V. Declaration: I have read and understand the requirements cited in Chancellor's Regulation C-175. I have also read the second page of this application which contains pertinent provisions from Chancellor's Regulation C-175. I agree to be bound by those provisions. I affirm that the information given above is, to my knowledge, accurate and complete and I understand that a willfully false answer to any question contained herein is a Class E felony, which shall render this application null and void and may result in loss of retention rights, cancellation of employment, loss of pay, recoupment of compensation already paid or disciplinary action.

_____ _____

Signature Date

VI. Approval By Per Session Supervisor: I certify that this applicant possesses the qualifications established for the position and that the selection was made after following advertising procedures set forth in Chancellor's Regulation C-175, and the Standard Operating Procedures Manual. (A copy of the advertisement is attached.)

_____ _____

Signature of Per Session Program Supervisor Date

Summary of Chancellor's Regulation C-175

Chancellor's Regulation C-175 is available for review in your principal's office, Regional Operations Center (ROC), on the DHR Website and at the Division of Human Resources, Per Session Monitoring Unit, 65 Court Street-Room 815, Brooklyn, New York 11201. Each school maintains a copy of the Standard Operating Procedures Manual for Schools (SOPM). Individuals may review a copy of these procedures in order to familiarize themselves with the process by which per session employees are processed and paid.

1. All per session employees must complete an application for per session activity (OP175) prior to commencing service.
2. Individuals applying for a second per session activity must obtain an approved waiver prior to commencing service in the second activity (OP175 W)
3. If an individual has claimed retention rights in a per session activity, s/he must submit a waiver for any other per session activity regardless of whether or not the activity begins prior to the activity in which the individual claims retention rights. (Example: A teacher claims retention rights in Activity X which begins each year in October. S/he applies to work in a per session activity during July and August. S/he must submit a waiver for this summer per session activity.)
4. Individuals who have been approved for waivers in prior years must resubmit new waiver applications each year. For this purpose, the per session year is from July 1st ***through*** June 30th.
5. Individuals who have been granted a per session waiver for a second position are required to submit an additional waiver form for exceeding the limit on the maximum number of hours that can be served in a per session year. The maximum number of hours of per session work that may be performed annually by employees is announced in periodic Personnel Memoranda from the Division of Human Resources.
6. No individual is authorized to work in a per session activity during a normal school workday.
7. Per session employment, whether funded from the same or a different source, may not be used as a means of providing additional compensation for work similar to that which is performed in an individual's primary assignment.
8. Individuals cannot serve in a per session activity for which, in their primary assignment, they are responsible for hiring, rating, or coordinating or which they normally supervise in their primary assignment.
9. No per session compensation may be paid for work performed at home.
10. Employees on sabbatical leaves beginning August 1st must complete per session activities in which they are serving in July. They will not be permitted to commence any new per session assignments until the September following the completion of the sabbatical.
11. Each per session employee is required to use a time clock to record the exact time of arrival and departure. The timecard is to be maintained at the work site and should serve as the basis of entries on the Personnel Time Report. It a time clock is not available, a daily attendance report with exact time of arrival and departure must be provided, maintained and approved by a supervisor. In every case, regardless of the specific manner in which time is reported, supervisors are accountable for verifying the record of attendance. Approval by a co-worker is not acceptable. Failure to maintain satisfactory records will result in the withholding of compensation or recoupment of payment already made.
12. Each per session employee is required to submit a time sheet for service that was performed during the prior per session period within one school day of the per session period immediately following each service.
13. ***Time sheets submitted for per session work which required a waiver that was not previously approved will result in the withholding of per session payment***.
14. If a teacher is entitled to retention rights in a per session activity but fails to claim those rights before or at the time of application for a different per session job in which the teacher has no retention rights, the teacher may then be denied employment in the job for which there is entitlement to retention.

Notes: Requests for waivers must be submitted sufficiently in advance to allow the Per Session Monitoring Unit time for review and appropriate action. ***All requests for waivers will be reviewed and acted upon within 10 school days from the date of their submission. Per session compensation will be withheld for any individual who has not received prior written approval from the Division of Human Resources for a second per session activity or whose service exceeds the prescribed number of hours indicated in Chancellor's Regulations.***

New York City Department of Education
Division of Human Resources
65 Court Street
Brooklyn, New York 11201

Request for Waiver of Restriction on Per Session Employment

Directions: The appropriate Superintendent, Executive Director or designee or Personnel Manager signs and submits this form to request a waiver of any of the restrictions on per session employment in accordance with Chancellor's Regulation C-175. Per session employment may not exceed any restriction unless prior approval is received from the Division of Human Resources. Please refer to the regulation and appropriate Collective Bargaining Agreement for direction in advertising and selecting personnel for available per session positions.

Waiver is requested for Last Name _____ First_____ MI ___

Social Security # _____ File # _____

The applicant has been selected for the position of: _____

Budget Code_____ ISC____ District_____ Quick Code _____ Line # _____

Location of Per Session Activity: (School/Office) _____

Address_____Zip_____

Per Session Program Supervisor:_____ Phone (____)_____

Check the restriction(s) for which the waiver is being requested:

____ multipleactivities (M/A) ____ number of hours over 400 limit (HRS) ___number of hours over 270 limit

Between what dates and how widely was the position advertised? (Attach copy of advertisement.)_____

_____

Number of applications received for this position? _____

Is there another applicant for whom a waiver would not be needed? _____ If so, indicate why this applicant was not selected._____

Declaration: 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.

_____ _____
Signature of Superintendent, Executive Director or Designee, Personnel Manager Date

Declaration: I request a waiver to permit me to work in excess of the restriction noted above governing per session employment. I understand that I am not permitted to exceed the restriction unless prior approval has been received from the Division of Human Resources.

_____ _____
Signature of Applicant Date

Note: Attach this form to copies of the employee's APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (Form OP 175) and the advertisement announcing this position, and forward to: Division of Human Resources – Per Session Monitoring Unit, 65 Court St. (Rm. 815), Brooklyn, NY 11201

For Division of Human Resources Action

To Program Supervisor: Your request for a waiver of the restriction noted above for per session year _____ has been

Approved ___ Disapproved ___ _____

_____ _____
Division of Human Resources Date

OP175 W

Department of Education
Joel I. Klein
Chancellor

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES
65 Court Street – Brooklyn, New York 11201

Post Date: August 28**, 2008**
Close Date: September 25, 2008

PER SESSION VACANCY CIRCULAR NO. 1, 2008-2009 Please Post.

ANTICIPATED VACANCIES – Fall 2008
OFFICE OF ADULT AND CONTINUING EDUCATION
(PENDING FUNDING AVAILABILITY - Positions are 100% Reimbursable)

POSITION: Teacher(s) of Adult Basic Education, GED, English as a Second Language, Computer Literacy and Computer Assisted Instruction, Distance Learning and Licensed Practical Nursing, Emergency Medical Technician, A+ Certification/Computer Repair, Medical Billing, Microsoft Office Certification, Air Conditioning and Refrigerator Repair, Certified Nurse Assistant (Approximately 200 positions)

LOCATION: Various Sites throughout the five boroughs

ELIGIBILITY: A current New York City Department of Education teaching license and/or a valid NY State Certification in the respective content area as listed above.

SELECTION CRITERIA: Preference may be given to:

1. Appointed teachers with retention rights currently working for the Office of Adult and Continuing Education.
2. Primary teachers with retention rights working (regularly from 15 to 29 hours per week) for OACE.
3. Regularly appointed day school teachers with retention rights to this activity.
4. Regularly appointed day school teachers.

DUTIES & RESPONSIBILITIES:

- Plan and provide instructional services in Adult Basic Education, Distance Learning, ESL, Computer Literacy, Computer Assisted Instruction and Licensed Practical Nursing, Medical Billing, Microsoft Office Certification, Air Conditioning and Refrigerator Repair, Emergency Medical Technician, A+ Certification/Computer Repair
- Prepare, maintain and submit records of registration, attendance and student performance
- Participate in professional development to OACE staff members as requested by the Director, including up to 15 hours of training and mentoring in OACE testing practices on non-work evenings (trainings attended on non-work hours will be reimbursed at the Training Rate)
- Administer and score appropriate tests (must have successfully completed BEST PLUS training)
- Assist in the intake and required testing and placement of new students
- Conduct comprehensive NCLEX review, interview process & assessment for LPN candidates
- Other related activities that pertain to Office of Adult and Continuing Education

SALARY: As per the UFT Collective Bargaining Agreement ($41.98 per hour) or most current contractual rate

SCHEDULE: September 6, 2008 – June 27, 2009 (approx.400 hours per position)

9:00 AM – 12:00 noon 2 days, 3 days
6:00 PM - 9:00 PM 2 days or 3 days
1:00 PM- 4:00 PM Saturday
1:00 PM - 4:00 PM 2 days, 3 days or
9:00 AM - 12:00 PM Saturday
9:00 AM- 4:00 PM- Saturday (Nursing Program)

APPLICATION: Please complete the **attached application and OP175 (in the schools and on DHR Website) by September 25, 2008** and mail or hand deliver (do not fax) to:

Jontra Angrum
Office of Adult and Continuing Education
475 Nostrand Ave.
Brooklyn, New York 11216
Email: jangrum@schools.nyc.gov

PLEASE INCLUDE THE ABOVE CIRCULAR NUMBER ON YOUR RESUME AND APPLICATION.

Service exceeding the number of hours specified in the DHR Memorandum dated March 5, 1999, concerning the change in the maximum number of hours for per session activities effective July 1, 1999, and/or service in more than one per session activity in a per session year (July 1, 2007 – June 30, 2008) requires the prior approval of the Chief Executive Officer for the Division of Human Resources. The appropriate Senior Executive, Senior Instructional Manager, Special Education Superintendent, Personnel Manager or other appropriate head of a Central Headquarters or ISC office must make the request in writing (Form OP 175W) and receive written approval before the person can begin working in the activity. Requests should be sent from the appropriate Central Headquarters or ISC office to the Division of Human Resources – Per Session Monitoring Unit at 65 Court Street, Brooklyn, New York 11201, Room 815. For details please refer to Chancellor's Regulation C-175, dated August 27, 1990.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

APPROVED: *Monica A. McDonald*
Division of Human Resources

Per Session Vacancy Circular No. 1

NYC Department of Education

Office of Adult and Continuing Education

Per Session Teacher Application- 2008

Last Name: _____ First Name: _____

Home Address: _____ City/State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

Email Address: (Please print clearly- you will receive details and updates at this email address)

_____

File Number: _____ (If applicable)

Social Security #: _____

New York State Certification: _____

License(s) held: _____

Have you been employed in the Adult and Continuing Education Program: Yes: _____ No: _____

If yes, in which school? : _____

Indicate Schedule and Content Area: _____

If you are currently working for the DOE, what is your appointment status? (Please check)

Licensed, Appointed: _____ Annualized, Non Appointed: _____ Per Session: _____

If yes, in which school? : _____

Indicate Schedule and Content Area: _____

Are you eligible to claim retention for rights for the fall program (worked both fall 2006 & 2007)?

Yes: _____ No: _____

Did you claim retention rights in the Adult Education summer program? Yes: _____ No: _____

Please list the schedule desired in priority order i.e. 1, 2, 3:

Please list in order your preference for assignment:

CONTENT AREA **(Including areas of Contextualized Instruction)**	**SCHOOL \ BOROUGH**
1st Choice	
2nd Choice	
3rd Choice	
4th Choice	

Signature: _____ Date: _____

All applications must be received by Thursday September 25, 2008

Department of Education

Joel I. Klein
Chancellor

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES
65 Court Street – Brooklyn, New York 11201

Post Date: August 28**, 2008**
Close Date: September 25, 2008

PER SESSION VACANCY CIRCULAR NO. 2, 2008-2009 Please Post.

ANTICIPATED VACANCIES – Fall 2008
OFFICE OF ADULT AND CONTINUING EDUCATION
(PENDING FUNDING AVAILABILITY - Positions are 100% Reimbursable)

POSITION: **Supervisor- Adult Education (Approximately 25 positions)**

LOCATION: Various Sites throughout the five boroughs

ELIGIBILITY: New York City Department of Education license as supervisor

SELECTION CRITERIA:

- Current or past service as a supervisor with the New York City Department of Education
- Preferred experience as a supervisor in adult programs, and knowledge of NYS Education regulations as they pertain to Adult Education
- Experience interfacing with other supervisors, teachers, adult students and the general public

DUTIES & RESPONSIBILITIES:

- Supervise and administer Adult Basic Education, High School Equivalency, English as a Second Language, Trade and Technical and/or Business/Office Skills Training Programs at one or more sits.
- Oversee and manage pre- and post-testing
- Create, provide and participate in professional development to OACE staff members as requested by the Director
- Participate in up to 15 hours of training and mentoring in OACE testing practices on non-work evenings (to be reimbursed at the Training Rate)
- Observe and rate all staff under your supervision
- Monitor and maintain daily attendance of all staff and students
- Prepare and provide weekly attendance reports to OACE Administration
- Supervise and submit all student records and intake information

SALARY: As per Collective Bargaining Agreement ($43.34 per hour) or most current contractual rate

SCHEDULE: September 6, 2008 – June 27, 2009 (approx.400 hours per position)

Monday- Thursday Evenings: Two or Four evenings a week **(3 hours per evening)**

Saturday: 9am-1pm and 1pm-4pm

APPLICATION: Send resume, copy of New York City license. Complete attached application and OP175 (in the schools and on DHR Website) by close of business September 25**, 2008** and mail or hand deliver (do not fax) to:

Jontra Angrum
Office of Adult and Continuing Education
475 Nostrand Ave.
Brooklyn, New York 11216
Email: jangrum@schools.nyc.gov

PLEASE INCLUDE THE ABOVE CIRCULAR NUMBER ON YOUR RESUME AND APPLICATION.

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AN EQUAL OPPORTUNITY EMPLOYER M/F/D

APPROVED: *Monica A. McDonald*
Division of Human Resources

Per Session Vacancy Circular No. 2

NYC Department of Education

Office of Adult and Continuing Education

Per Session Supervisor Application- 2008

Last Name: _____ First Name: _____

Home Address: _____ City/State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

Email Address: (Please print clearly- you will receive details and updates at this email address)

_____

File Number: _____ (If applicable)

Social Security #: _____

New York State Certification: _____

License(s) held: _____

Have you been employed in the Adult and Continuing Education Program: Yes: _____ No: _____

If yes, in which school? : _____

Indicate Schedule and Content Area: _____

If you are currently working for the DOE, what is your appointment status? (Please check)

Licensed, Appointed: _____ Annualized, Non Appointed: _____ Per Session: _____

If yes, in which school? : _____

Indicate Schedule and Content Area: _____

Are you eligible to claim retention for rights for the fall program (worked both fall 2006 & 2007)?

Yes: _____ No: _____

Did you claim retention rights in the Adult Education summer program? Yes: _____ No: _____

Please list the schedule desired in priority order i.e. 1, 2, 3:

Please list in order your preference for assignment:

CONTENT AREA **(Including areas of Contextualized Instruction)**	**SCHOOL \ BOROUGH**
1st Choice	
2nd Choice	
3rd Choice	
4th Choice	

Signature: _____ Date: _____

All applications must be received by Thursday September 25, 2008