



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



**Per Session Vacancy Circulars**

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

**Post Date: April 1, 2009**

**Deadline: May 7, 2009**

**PS Vac Circ.# 136 Adult Education Teacher- Summer Intake (approx 20 positions)**

**PS Vac Circ.# 137 Teachers of Adult Basic Education, GED, English as a Second Language, Computer Literacy and Computer Assisted Instruction, Distance Learning (approx 40 positions)**

**PS Vac Circ.# 138 Supervisor- Adult Education (approx 2 positions)**

**PS Vac Circ.# 139 UFT EDUCATIONAL PARAPROFESSIONAL (Approx. 20 positions)**

**PS Vac Circ.# 140 SCHOOL AIDE (Approx. 20 positions)**

**2008-09 APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (OP-175)**

**Directions:** This form must be completed and submitted to the per session supervisor prior to commencement of employment in a per session activity. A copy of this form must be retained by the per session supervisor. An applicant who wishes to claim retention rights must assert such a claim on this form. Retention rights may be claimed ONLY in one per session activity. No person may work more than 500 hours in one or a combination of per session activities (with a maximum of 270 hours in a school psychologist and/or school social worker position) without prior written approval of the Division of Human Resources in accordance with Chancellor's Regulation C-175.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ File No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. 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 \_\_\_\_\_

2. 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 No. of Hours in Activity \_\_\_\_\_  
 Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

3. **Between July 1, 2008 and June 30, 2009, 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 No. 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 No. of Hours in Activity \_\_\_\_\_  
 Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

4. Will your total per session hours for this year, including the hours for the position for which you are applying, exceed 500? Yes \_\_\_\_ No \_\_\_\_

5. If yes, have you submitted a waiver request to exceed the 500 hour maximum? Yes \_\_\_\_ No \_\_\_\_

6. **Declaration:** I have read and understand the requirements in Chancellor's Regulation C-175. I understand that I am bound by this regulation. I affirm that the information give 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 per session employment, loss of pay, recoupment of compensation already paid, or disciplinary action.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

7. **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.

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

\_\_\_\_\_  
 Date

## Summary of Chancellor's Regulation C-175

Chancellor's Regulation C-175 is available for review at <http://schools.nyc.gov/RulesPolicies/ChancellorsRegulations> 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 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 1<sup>st</sup> **through** June 30<sup>th</sup>.
3. Individuals must submit a 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 is available in the C-175 regulation.
4. No individual is authorized to work in a per session activity during a normal school workday.
5. 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.
6. 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.
7. No per session compensation may be paid for work performed at home.
8. Employees on sabbatical leaves beginning August 1<sup>st</sup> 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.
9. 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. If 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.
10. 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.
11. ***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.***
12. 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 time for review and appropriate action. ***Failure to obtain a valid waiver may result in the withholding of payment for hours worked beyond the maximum hours as outlined in Chancellor's Regulation C-175.***



Joel I. Klein  
Chancellor

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

Posted: **April 1, 2008**  
Deadline: **May 7, 2009**

**PER SESSION VACANCY CIRCULAR NO. 136 Summer 2009**

**please post**

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

**POSITION:** Adult Education Teacher- Summer Intake (approx 20 positions)

**LOCATION:** Adult Education Schools/Programs throughout the five boroughs

**ELIGIBILITY:** A current New York City Department of Education teaching license and/or a valid NY State Certification.

**SELECTION CRITERIA:** Preference may be given to:

1. Appointed teachers with retention rights currently working for the Office of Adult and Continuing Education.
2. Regularly appointed day school teachers.

**DUTIES & RESPONSIBILITIES:**

- Prepare, maintain and submit records of registration, attendance and student performance
- Administer and score appropriate tests (must have successfully completed BEST PLUS training)
- Assist in the intake and required testing and placement of new students

**SALARY:** As per the UFT collective bargaining agreement

**SCHEDULE:** August 3, 2009 – August 14, 2009 9:00AM- 3:00 PM or 6:00PM-9:00PM /4 days or 2days per week (approx.48 hrs total)

**APPLICATION:** Please complete the **attached application and OP175** and mail or hand deliver (do not fax) with copy of **resume** to:

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

Service exceeding the number of hours specified in Chancellor's Regulation C-175 governing per session activities requires prior approval. The appropriate Per Session Supervisor must make the request via the Per Session Service System and receive approval before the person can begin working in the activity. **Failure to obtain a valid waiver may result in the withholding of payment for hours worked beyond the maximum.**

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

APPROVED: *Danielle Pickens*

Per Session Vacancy Circular No. ----

NYC Department of Education  
Office of Adult and Continuing Education  
Summer 2009 RESPONSE FORM- Teacher (Intake)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ N/A \_\_\_\_\_ 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 summer program (worked both summer 2007 & 2008)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you claim retention rights in the Adult Education fall 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
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	
4 <sup>th</sup> Choice	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Department of  
Education**

Joel I. Klein  
Chancellor

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

Posted: **April 1, 2009**  
Deadline: **May 7, 2009**

**PER SESSION VACANCY CIRCULAR NO. 137 Summer 2009 please post**

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

**POSITION:** Teachers of Adult Basic Education, GED, English as a Second Language, Computer Literacy and Computer Assisted Instruction, Distance Learning (approx 40 positions)

**LOCATION:** Adult Education Schools/Programs 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. Regularly appointed day school teachers.

**DUTIES & RESPONSIBILITIES:**

- Plan and provide instructional services in Adult Basic Education, Distance Learning, ESL, Computer Literacy, Computer Assisted Instruction
- Prepare, maintain and submit records of registration, attendance and student performance
- Administer and score appropriate tests (must have successfully completed BEST PLUS training)
- Assist in the intake and required testing and placement of new students
- Other related activities that pertain to Office of Adult and Continuing Education

**SALARY:** As per the UFT collective bargaining agreement

**SCHEDULE:** July 6, 2009 – August 7, 2009 9:00AM-1:00 PM or 6:00PM-9:00PM / 4 days or 2 days per week (approx.80 hrs total)

**APPLICATION:** Please complete the **attached application and OP175** and mail or hand deliver (do not fax) with copy of **resume** to:

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

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**AN EQUAL OPPORTUNITY EMPLOYER M/F/D**

APPROVED: Danielle Pickens

Per Session Vacancy Circular No. -----

NYC Department of Education  
Office of Adult and Continuing Education  
Summer 2009 RESPONSE FORM- Teacher

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ N/A \_\_\_\_\_ 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 summer program (worked both summer 2007 & 2008)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you claim retention rights in the Adult Education fall 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
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	
4 <sup>th</sup> Choice	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Department of  
Education**

Joel I. Klein  
Chancellor

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**PER SESSION VACANCY CIRCULAR NO. 138**

**Summer 2009**

**please post**

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

**POSITION:** **Supervisor- Adult Education** (approx 2 positions)

**LOCATION:** Staten Island/ Bronx

**ELIGIBILITY:** New York City Department of Education licensed Supervisors

**SELECTION CRITERIA:** Preference may be given to:

1. Appointed teachers with retention rights currently working for the Office of Adult and Continuing Education.
2. Regularly appointed day school teachers.

**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 sites.
- Observe and rate all staff under 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 the UFT collective bargaining agreement

**SCHEDULE:** July 6, 2009 – August 7, 2009 9:00AM-1:00 PM or 6:00PM-9:00PM / 4 days or 2days per week (approx.80 hrs total)

**APPLICATION:** Please complete the **attached application and OP175** and mail or hand deliver (do not fax) with copy of **resume** to:

**Jontra Angrum  
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Email: [jangrum@schools.nyc.gov](mailto:jangrum@schools.nyc.gov)**

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**AN EQUAL OPPORTUNITY EMPLOYER M/F/D**

APPROVED: *Danielle Pickens*

**Per Session Vacancy Circular No. -----**

**NYC Department of Education**  
**Office of Adult and Continuing Education**  
**Summer 2009 RESPONSE FORM- Supervisor**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ N/A 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: \_\_\_\_\_

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
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	
4 <sup>th</sup> Choice	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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**

Posted: **April 1, 2009**  
Deadline: **May 7, 2009**

**PER SESSION VACANCY CIRCULAR NO. 139 Summer 2009 please post**

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

**POSITIONS:** **UFT EDUCATIONAL PARAPROFESSIONAL** (Approx. 20 positions)

**LOCATIONS:** Adult Education Schools/Programs throughout the five boroughs

**ELIGIBILITY:** Currently employed as a UFT Educational Paraprofessional in Adult Education Schools/Programs

**SELECTION  
CRITERIA:**

- Satisfactory performance from September 2008 through June 2009
- Satisfactory record of attendance and punctuality
- Demonstrated ability to work with school-based staff, students and parents
- Other criteria that the individual district may require in accordance with the UFT Bargaining Agreement

**GENERAL DUTIES & RESPONSIBILITIES:**

1. Work under the direct supervision of the school site supervisor
2. Work with individual and/or small groups of students to implement activities linking learning to curriculum
3. Assist with student intake activities ( BEST PLUS and Test of Adult Basic Education (TABE)
4. Satisfactory completion of BEST Plus test training
5. Maintain daily log of activities, attendance and other pertinent data
6. Assist administrators, teachers, and/or other school-based staff, as required
7. Other duties and responsibilities that the individual district may require in accordance with the UFT Collective Bargaining Agreement

**SALARY:** As per the UFT collective bargaining agreement

**SCHEDULE:** July 6, 2009 – August 7, 2009 9:00AM-1:00 PM or 6:00PM-9:00PM / 4 days or 2 days per week (approx.80 hrs total)

**APPLICATION:** Please complete the **attached application** and mail or hand deliver (do not fax) to:

**Jontra Angrum**  
**Office of Adult and Continuing Education**  
**475 Nostrand Ave.**  
**Brooklyn, New York 11216**  
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**AN EQUAL OPPORTUNITY EMPLOYER M/F/D**

APPROVED: Danielle Pickens

NYC Department of Education  
 Office of Adult and Continuing Education  
 Summer 2009 RESPONSE FORM-Paraprofessional

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EIS Number: \_\_\_\_\_

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

Are you currently employed in the Adult and Continuing Education Program: Yes\_\_\_\_ No \_\_\_\_

Full Time \_\_\_\_\_ Substitute \_\_\_\_\_ Per Session \_\_\_\_\_

If yes, in which school? \_\_\_\_\_

Indicate Schedule: \_\_\_\_\_

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

Full Time: \_\_\_\_\_ Sub: \_\_\_\_\_ Per Session: \_\_\_\_\_

If yes, in which school? : \_\_\_\_\_

Indicate Schedule and Content Area: \_\_\_\_\_

**PLEASE LIST IN ORDER OF YOUR PREFERENCE FOR ASSIGNMENT**

(Assignments will be based on need throughout all five boroughs)

	School #	Work Site	Days	Time	Total Hours
<b>1st Choice</b>					
<b>2nd Choice</b>					
<b>3rd Choice</b>					

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Department of  
Education**

Joel I. Klein  
Chancellor

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65 Court Street – Brooklyn, New York 11201**

Posted: **April 1, 2009**  
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**PER SESSION VACANCY CIRCULAR NO. 140 Summer 2009 please post**

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

**POSITIONS:** SCHOOL AIDE (Approx. 20 positions)

**LOCATIONS:** Adult Education Schools/Programs throughout the five boroughs

**ELIGIBILITY:** Currently employed as an UFT Educational Paraprofessional in Adult Education Schools/Programs

**SELECTION  
CRITERIA:**

- Satisfactory record of attendance and punctuality
- Demonstrated ability to work with school-based staff, students and parents
- Other criteria that the individual district may require in accordance with the DC 37 Bargaining Agreement

**GENERAL DUTIES & RESPONSIBILITIES:**

1. Work under the direct supervision of the school site supervisor
2. Distribute supplies, instructional materials, and mail
3. Copy administrative and instructional materials, as required
4. Assist administrators, teachers, guidance personnel and/or other school-based staff, as required
5. Assist with all School related clerical tasks, e.g., the reporting of final grades
6. Assist with attendance procedures, which may include utilizing the ASISTS system and attendance outreach
7. Other duties and responsibilities that the individual district may require in accordance with the DC 37 Collective Bargaining Agreement

**SALARY:** As per the DC 37 collective bargaining agreement

**SCHEDULE:** July 6, 2009 – August 7, 2009 9:00AM-1:00 PM or 6:00PM-9:00PM / 4 days or 2days per week (approx.80 hrs total)

**APPLICATION:** Please complete the **attached application** and mail or hand deliver (do not fax) to:

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**AN EQUAL OPPORTUNITY EMPLOYER M/F/D**

APPROVED: Danielle Pickens

NYC Department of Education  
 Office of Adult and Continuing Education  
 Summer 2009 RESPONSE FORM-School Aide

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EIS Number: \_\_\_\_\_

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

Are you currently employed in the Adult and Continuing Education Program: Yes\_\_\_\_ No \_\_\_\_

Full Time \_\_\_\_\_ Substitute \_\_\_\_\_ Per Session \_\_\_\_\_

If yes, in which school? \_\_\_\_\_

Indicate Schedule: \_\_\_\_\_

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

Full Time: \_\_\_\_\_ Sub: \_\_\_\_\_ Per Session: \_\_\_\_\_

If yes, in which school? : \_\_\_\_\_

Indicate Schedule and Content Area: \_\_\_\_\_

**PLEASE LIST IN ORDER OF YOUR PREFERENCE FOR ASSIGNMENT**

(Assignments will be based on need throughout all five boroughs)

	School #	Work Site	Days	Time	Total Hours
<b>1st Choice</b>					
<b>2nd Choice</b>					
<b>3rd Choice</b>					

Signature \_\_\_\_\_

Date \_\_\_\_\_