New York City Department of Education - Division of Human Resources and Talent

HR Connect Medical, Leaves and Records Administration

65 Court Street, Brooklyn, New York 11201

FAMILY PARAPROFESSIONAL & HOURLY NON-COMPETITIVE EMPLOYEE LEAVE APPLICATION

Upon approval of the Principal/Activity Head and Superintendent or designee, this application MUST be forwarded to the Medical, Leaves & Records Administration for final approval, with the exceptions of Maternity/Child Care, Workers' Compensation and Ordered Military Duty leaves which are approved at the local level by the Superintendent or Activity Head.

PERSONAL INFORMATION:

Name: (Last, First, Middle Initial)

Social Security #: ___ — ___ — ___ **EIS #: (If Known)** **Home Phone:**

Mailing Address: (Street, Apt#, City, State, Zip Code)

Title: (Check One) **Title Start Date (MM/DD/YY):**

☐ **Family Paraprofessional** ☐ **Supervising School Aide** ☐ **School Aide** ☐ **Health Service Aide**

☐ **School Lunch Title** ☐ **Educational Facilities Security Officer** ☐ **Film Inspection Assistant** ☐ **Others**_____

District: **School Code:** **School Location:**

Employee Email:

LEAVE CATEGORIES (See next page for information concerning eligibility requirements and leave duration. All leaves are without pay. To be eligible for health related leaves, all sick-time balances must be exhausted.)

Family Paraprofessional Titles

☐ **Pregnancy Related Disability: (Max. 6-8 weeks after the birth of the child - No Seniority Requirement)**

☐ **Maternity/Childcare Leave: (Max. 4 Years - 2 Years Seniority Requirement))**

☐ **Personal Illness: (Max. 2 Years - 2 Years Seniority Requirement)**

☐ **Workers' Compensation: (Beyond first 5 workdays -No Seniority Requirement)**

☐ **Illness in Immediate Family: (Max. 1 Year - 2 Years Seniority Requirement)**

Relationship to Employee: _____

☐ **Ordered Military Duty: (Beyond 22 work days -No Seniority Requirement)**

☐ **Study/Teaching Assignment: (Max. 1 Year - 3 Years Seniority Requirement) Attach original letter with raised seal from Registrar's Office verifying course of study or letter of assignment as a full-time teacher**

School aide titles, Health service aide, School lunch titles, Educational facilities security officer, Film inspection Assistant

☐ **Pregnancy Related Disability: (Max. 6-8 weeks after the birth of the child - No Seniority Requirement)**

☐ **Maternity/Childcare Leave: (Max. 4 Years - 2 Years Seniority Requirement) Educational Facilities Security Officers - Not Eligible**

☐ **Personal Illness: (Max. 2 Years - 2 Years Seniority Requirement) Educational Facilities Security Officers - Max. 1 Year**

☐ **Workers' Compensation: (Beyond first 5 days - No Seniority Requirement)**

☐ **Illness in Immediate Family: (Max. 1 Year - 2 Years Seniority Requirement)**

Relationship to Employee: _____

☐ **Ordered Military Duty: (Beyond 22 days -No Seniority Requirement)**

☐ **Personal Business: (Max. 3 Months - 5 Years Seniority Requirement) Educational Facilities Security Officers - Not Eligible**

Leave Duration: From: _____ **To:** _____

MEDICAL SUPPORTING DOCUMENTATION:

You must submit medical supporting documentation along with this completed form to HR Connect Medical, Leaves & Records Administration for all applications for medical leaves of absence (Note: a copy of the Notice of Injury (Form C-2) and DP2002 form are required for Workers' Compensation applications). Please submit this signed form and all supporting documentation by fax: (718) 935-4350. Medical supporting Documentation must include: Diagnosis, Prognosis and Medical Condition Duration. Or, you can submit a OP407 Form.

AUTHORIZING SIGNATURES (See chart for instructions on selecting "Acknowlegement", "Approval" or "Denial"):

Principal/Program Head Signature: _____ **Date:** _____

Comments: _____

☐ **Acknowledgement** ☐ **Approval** ☐ **Denial** **Denial Reason:** _____

EMPLOYEE SIGNATURE:

Any request for an extension must be submitted on a new form prior to the date of expiration of the present leave.

EMPLOYEE SIGNATURE: _____ **Date:** _____

Comments:

_____

DO NOT WRITE BELOW - FOR DEPARTMENT OF EDUCATION PHYSICIAN OFFICIAL USE ONLY:

The Medical, Leaves & Records Administration has reviewed the medical certification. Approval for this leave is:

☐ **NOT RECOMMENDED** ☐ **RECOMMENDED from the period of** _____ **through** _____

Any request for an extension must be submitted on a new form prior to the date of expiration of the present leave.

Signature of Medical Director (Or Designated Physician): _____ **Date:** _____

FAMILY PARAPROFESSIONAL & HOURLY NON-COMPETITIVE EMPLOYEE LEAVE APPLICATION

SUMMARY OF ELIGIBILITY REQUIREMENTS

Upon approval of the Principal/Activity Head and Superintendent or designee, this application MUST be forwarded to the Medical, Leaves & Records Administration for final approval, with the exceptions of Maternity/Child Care Leaves, Workers' Compensation Leaves and Ordinary Military Leaves which are reviewed at the local level by the Superintendent or Activity Head.

Note: All leaves are without pay. To be eligible for health related leaves, all sick-time balances must be exhausted.

FAMILY PARAPROFESSIONAL TITLES

LEAVE TYPE	MINIMUM SERVICE REQUIREMENT	EIS STAFFING CODE	MAXIMUM LEAVE DURATION	Principal/Program Head Instructions
Pregnancy Related Disability	0	2PI	Up to 6-8 weeks after birth of child	Acknowledgement
Maternity/Childcare	2 Years	2ME	4 Years	Acknowledgement
Personal Illness	2 Years	2HR	1 Year (with 1 Year extension)	Acknowledgement
Illness in Immediate Family	2 Years	2CF	1 Year	Acknowledgement
Study/Teaching Assignment	3 Years	2LS (Study) 2PG (Teaching)	1 Year	Approval/Denial
Workers' Compensation	0	2WC	1 Year	Acknowledgement
Ordered Military Duty	0	2MS	N/A	Acknowledgement

SCHOOL AIDE TITLES, HEALTH SERVICE AIDE, SCHOOL LUNCH TITLES, FILM INSPECTION ASSISTANT

LEAVE TYPE	MINIMUM SERVICE REQUIREMENT	EIS STAFFING CODE	MAXIMUM LEAVE DURATION	Principal/Program Head Instructions
Pregnancy Related Disability	0	2PI	Up to 6-8 weeks after birth of child	Acknowledgement
Maternity/Childcare	2 Years	2ME	1 Year	Acknowledgement
Personal Illness	2 Years	2HR	1 Year (with 1 Year extension)	Acknowledgement
Illness in Immediate Family	2 Years	2CF	1 Year	Acknowledgement
Personal Business	5 Years	2PB	3 Months	Approval/Denial
Workers' Compensation	0	2WC	1 Year	Acknowledgement
Ordered Military Duty	0	2MS	N/A	Acknowledgement

EDUCATIONAL FACILITIES SECURITY OFFICER

LEAVE TYPE	MINIMUM SERVICE REQUIREMENT	EIS STAFFING CODE	MAXIMUM LEAVE DURATION	Principal/Program Head Instructions
Personal Illness	1 Year	2HR	1 Year (with 1 Year extension)	Acknowledgement
Pregnancy Related Disability	0	2PI	Up to 6-8 Weeks after birth of child	Acknowledgement
Illness in Immediate Family	2 Years	2CF	1 Year	Acknowledgement
Workers' Compensation	0	2WC	1 Years	Acknowledgement
Ordered Military Duty	0	2MS	N/A	Acknowledgement