

New York City Department of Health and Mental Hygiene
New York City Department of Education
Office of School Health
Public Health Nurse /School Health Nurse

AFTER-SCHOOL PROGRAM REQUEST FORM

Please read the information below carefully before completing this document.

Name: _____ Title: _____

Present school assignment: _____ District: _____

Present work hours: _____ Employment start date for (DOHMH/DOE): ___/___/___

Contact Phone number: _____

I am applying for an after-school program vacancy posted below.

APPLYING TO POSTED AFTER-SCHOOL VACANCY

1st Choice District _____ After-School Program at _____

Days of week: _____ Times: _____

2nd Choice District _____ After-School Program at _____

Days of week: _____ Times: _____

Please note the following:

- Priority for assignment to an after-school program is given to the school nurse regularly assigned to the building. This practice ensures continuity of care for students.
- If the applicant is other than the onsite nurse, seniority and the ability of the applicant to arrive on time to the after-school assignment will be considered.
- **Vacancies will be posted from Monday to Friday after the program is approved. Requests to cover vacant After School programs must be submitted by 12:00pm on the Friday.**
- You are applying & making a commitment of your services for the whole duration of the program/school year.
- Only those vacancies not covered by the regularly-assigned school nurses are posted.
- Office of School Health nurses (DOE /DOHMH) must fax their requests to **Elena Ochoa** at **347-396-8893**. Please email Elena at eochoa@health.nyc.gov to verify that your request has been received.