

NEW YORK CITY DEPARTMENT OF EDUCATION  
 DIVISION OF HUMAN RESOURCES ♦ Leaves Administration Office  
 65 Court Street ♦ BROOKLYN, NEW YORK 11201

**APPLICATION FOR BORROWING SICK DAYS  
 FOR UFT EDUCATIONAL PARAPROFESSIONALS**

**IDENTIFYING INFORMATION (PLEASE PRINT OR TYPE)**

NAME:		SOCIAL SECURITY #: - - -	
SCHOOL WORK LOCATION: DISTRICT: _____ SCHOOL: _____		SCHOOL TELEPHONE #: ( ) - -	
SCHOOL ADDRESS (PLEASE INCLUDE ZIP CODE): STREET: _____ BOROUGH: _____ ZIP CODE: _____			
EXACT PARAPROFESSIONAL TITLE:		BOARD OF EDUCATION START DATE: _____/_____/_____ (MONTH) (DAY) (YEAR)	

**AGREEMENT ON BORROWED DAYS (TO BE COMPLETED BY APPLICANT)**

I WISH TO BORROW A TOTAL OF \_\_\_\_\_ DAYS AS FOLLOWS:

MONTH/YEAR	DATE(S)

**SIGNATURE OF APPLICANT AND SUPERINTENDENT/PRINCIPAL (OR AUTHORIZED DESIGNEE):**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE (DATE) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SUPERINTENDENT/PRINCIPAL OR DESIGNEE (DATE) \_\_\_\_\_

**GENERAL INFORMATION AND INSTRUCTIONS**

- UP TO TEN (10) DAYS PER YEAR MAY BE BORROWED TO COVER SERIOUS PERSONAL ILLNESS.
  - THIS FORM MUST BE ACCOMPANIED BY A SIGNED/STAMPED DIAGNOSTIC PHYSICIAN'S NOTE THAT STATES THE NATURE OF THE ILLNESS.
  - DAYS CANNOT BE BORROWED IF THERE IS TIME IN THE EMPLOYEE'S SICK BANK.
  - COMPLETED AND SIGNED APPLICATIONS MUST BE FORWARDED TO THE ADDRESS LISTED BELOW.
  - SCHOOL SECRETARIES AND DISTRICT TIMEKEEPERS MUST KEEP COPIES OF ALL DOCUMENTS ON FILE IN ACCORDANCE WITH APPLICABLE TIMEKEEPING PROCEDURES AND RECORD RETENTION REGULATIONS.
  - THE DIVISION OF HUMAN RESOURCES IS AVAILABLE TO PROVIDE GENERAL INFORMATION AND ASSISTANCE. WHERE CIRCUMSTANCES REQUIRE FURTHER ASSISTANCE PLEASE CONTACT:
- Leaves Administration Office  
 65 Court Street  
 BROOKLYN, NEW YORK 11201  
 TELEPHONE: (718) 935-4000  
 FAX: (718) 935-4350