THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES - HR CONNECT
OFFICE OF MEDICAL, LEAVES AND RECORDS ADMINISTRATION
65 Court Street Room 201, Brooklyn, NY 11201
Fax #: (718) -935-2230

OP160.E1 Material Change and Extenuating Circumstance Exception Form

Per the collective bargaining agreement, you must make this request in an expeditious manner following any extenuating circumstance that have occurred.
This request must be made no later than September 7. 2015.

PLEASE TYPE OR PRINT.

APPLICANT INFORMATION: To be completed by employee

Employee's Last Name		File #		Last Four Digits of Social Security	
Employee's First Name		Employee ID #		Title / Position	
Non-DOE Email Address		License		District	Borough
Home Address		School Name		School Phone #	
City / State / Zip		Supervisor/Principal Name			
Phone #		Supervisor/Principal Phone #			

MATERIAL CHANGE AND EXTENUATING CIRCUMSTANCE EXCEPTION FORM REQUEST: To be completed and signed by employee

☐ Request For Extenuating Circumstance Exception for Missed Deadline to Submit Intention

☐ Request Exception to Modify Intention due to Material Change: ☐ Medical Reason ☐ Non-Medical Reason

SUPPORTING DOCUMENTATION:
You must submit supporting documentation along with this completed form to HR Connect Medical, Leaves & Records Administration. Please submit this signed form and all supporting documentation by email or fax:

- Email: SOLAS_INS@schools.nyc.gov
- Fax: (718) 935-2230

Material Change and/or Extenuating Circumstance

I hereby request a Material Change or Extenuating Circumstance Exception.

Signature of Employee _____ Date

OFFICE USE ONLY (FOR HR CONNECT MEDICAL, LEAVES & RECORDS ADMINISTRATION PERSONNEL ONLY)

☐ Approved ☐ Disapproved (Insert comments below)

Comments

Reviewed by: _____ Date