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

Post date: July 13, 2011
Deadline: September 12, 2011

PER SESSION VACANCY CIRCULAR # 443, Fall 2011 Please Post

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

POSITION: **Teacher(s)** of Adult Basic Education, GED, English as a Second Language, Computer Literacy and Computer Assisted Instruction, Distance Learning and Licensed Practical Nursing, Emergency Medical Technician, A+ Certification/Computer Repair, Medical Billing, Microsoft Office Certification, Air Conditioning and Refrigerator Repair, Certified Nurse Assistant (Approximately 200 positions)

LOCATION: Adult Education Schools/Programs throughout the five boroughs

ELIGIBILITY:

1. 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.
2. Satisfactory Rating
3. Excellent record of attendance and punctuality

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 and Licensed Practical Nursing, Medical Billing, Microsoft Office Certification, Air Conditioning and Refrigerator Repair, Emergency Medical Technician, A+ Certification/Computer Repair
- Prepare, maintain and submit records of registration, attendance and student performance
- Participate in professional development to OACE staff members as requested by the Director, including up to 24 hours of training and mentoring on non-work evenings (trainings attended on non-work hours will be reimbursed at the Per Session Rate)
- Administer and score appropriate tests (must have successfully completed BEST PLUS training)
- Assist in the intake and required testing and placement of new students
- Conduct comprehensive NCLEX review, interview process & assessment for LPN candidates
- Other related activities that pertain to Office of Adult and Continuing Education

SALARY: As per the UFT collective bargaining agreement

SCHEDULE: September 2011 – June 2012 (approx.400 hrs)

6:00 PM - 9:00 PM 2 days or 3 days
1:00 PM - 4:00 PM Saturday
9:00 AM - 1:00 PM Saturday
9:00 AM - 4:00 PM- Saturday (Nursing Program)
*times may vary based on site availability.

APPLICATION: Please complete the **attached RESPONSE FORM and OP175**
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

Note: Please note that all per session vacancy circulars will be posted on the Division of Human Resources web site at http://schools.nyc.gov/Careers/Schools/default.htm under "Per Session Opportunities"

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: *Peter Ianniello PHD*

Per Session Vacancy Circular No. _____

NYC Department of Education

Office of Adult and Continuing Education

Fall 2011 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? : _____ Last Date Worked: _____

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: _____

Did you claim retention for rights for the OACE summer program (worked both summer 2009 & 2010)?

Yes: _____ No: _____

Are you eligible to claim retention for rights for the fall program (worked both fall 2009 & 2010)? (Please note if you claimed retention rights in 2010-2011 Summer activity you cannot claim per session for Fall 2011.)

Yes: _____ No: _____

Please list the content and location desired in priority order i.e. 1, 2, 3:

CONTENT AREA **(Including areas of Contextualized Instruction)**	**SCHOOL\BOROUGH**
1st Choice	
2nd Choice	
3rd Choice	
4th Choice	

Signature: _____ Date: _____

2011-12 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: CFN _____ District _____ School/Office _____

   License or Title _____ Hours of Employment from _____ to _____

2. Per Session Position for which you are Applying: Program Name: _____

   CFN ____ 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, 2011 and June 30, 2012, 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: _____

      CFN _____ 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: _____

      CFN _____ 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

Department of Education
Joel I. Klein, Chancellor

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 1st ***through*** June 30th.
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 1st 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.***