

**NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES ♦ Leaves Administration Office  
65 Court Street, Room 406 ♦ BROOKLYN, NEW YORK 11201**

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

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

|   |  |   |
|---|--|---|
| NAME:   |  | SOCIAL SECURITY #:<br>- -                                       |
| SCHOOL WORK LOCATION:<br>DISTRICT: _____ SCHOOL: _____                                    |  | SCHOOL TELEPHONE #:<br>( ) -                                    |
| SCHOOL ADDRESS (PLEASE INCLUDE ZIP CODE):<br>STREET: _____ BOROUGH: _____ ZIP CODE: _____ |  |   |
| EXACT PARAPROFESSIONAL TITLE:   |  | BOARD OF EDUCATION START DATE:<br>_____<br>(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):**

|  |                 |
|--|-----------------|
| _____<br>SIGNATURE OF EMPLOYEE                             | _____<br>(DATE) |
| _____<br>SIGNATURE OF SUPERINTENDENT/PRINCIPAL OR DESIGNEE | _____<br>(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, Room 406  
BROOKLYN, NEW YORK 11201  
TELEPHONE: (718) 935-4000  
FAX: (718) 935-4350