

**NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES ♦ MEDICAL, LEAVES & BENEFITS  
65 COURT STREET, ROOM 200A ♦ 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:		
	<b>MONTH/YEAR</b>	<b>DATE(S)</b>

<b>SIGNATURE OF APPLICANT AND SUPERINTENDENT/PRINCIPAL (OR AUTHORIZED DESIGNEE):</b>	
_____ 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:
- MEDICAL, LEAVES & BENEFITS  
 65 COURT STREET-ROOM 200A  
 BROOKLYN, NEW YORK 11201  
 TELEPHONE: (718) 935-4777  
 FAX: (718) 935-4020