New York City Department of Education
Pedagogic/School Based Payrolls
65 Court Street, Room 1400
Brooklyn, New York 11201

Phone: 718-935-2218

Form: OP-44

APPLICATION FOR TERMINATION PAY FOR PEDAGOGUES

PART I - To be completed by applicant and submitted to payroll secretary for completion of Part III.

File No ____ SSN ____ Teacher Regular ____

Name ____

Address ____

City ____ State ____ Zip Code ____

School ____ Dist ____ Borough ____

License ____ Emp Tele # ____ Title ____

☐ I hereby request termination pay on the basis of the following terms and conditions.*

Teachers who resign or retire shall, upon application, receive termination pay on the basis of one half of up to 200 days of the unused sick leave accumulated as a regularly appointed or regular substitute teacher. If the resignation or retirement becomes effective at any time other than the end of a school year, sick leave for the period of services during that school year shall be paid at the rate of one day for each two full months of service.

* Extracts from Art. Sixteen 16A, 17, 18 & 19. Agreement between the Board of Education & UFT covering Teachers, Oct. 16, 1995 - Nov. 12, 2000. (Substantially identical provisions appear in other agreements with UFT and CSA).

Reason ____ Effective ____

Applicant Signature ____ Current Date ____

PART II - For CSA Members Only - The following must be completed and signed by immediate supervisor of all school based supervisors in order for termination pay to be processed immediately.

Has 90 Day Notice of retirement / resignation been provided?

☐ No * ☐ Yes Date Notice Provided ____

* **Please Note:** School - Based supervisors who do not comply with this provision will have their final entitlement payment made in a lump sum two (2) years after their retirement / resignation.

Signature of Principal / Superintendent ____ Date ____

PART III - To be completed and reviewed by school payroll secretary and signed by Principal. Before any computation of terminal leave or termination pay, adjust C.A.R. so that it does not exceed 200 days.

☐ **A)** Number of days remaining in Applicant's **C**umulative **A**bsence **R**eserve after all deductions for illness and (if granted) deduction of twice the number of school days of Terminal Leave.

☐ **B)** It is hereby certified that the above-named applicant is entitled to the amount of days of Termination Pay (Half of A) shown here.

Date ____ Timekeeper or Payroll Secretary ____

Signature of Principal ____

School's Tele # ____ Title, if Other ____

Note: If the applicant does not wish to be paid until a future year. Please indicate the year ____

Central Office Use Only:

Certified by ____ Paid On ____

Date Printed 12 18 2008