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

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, (Substantially identical provisions appear in other agreements with UFT and CSA).

Reason Effective

Applicant Signature Current Date

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

☐ **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

Certified by Paid On

Date Printed