



Please email the form after ALL signatures have been affixed to TerminationUnit@schools.nyc.gov

### 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: \_\_\_\_\_ EMPL ID: \_\_\_\_\_ 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 Cumulative Absence Reserve after all deductions for illness and (if granted) deduction of twice the number of school days of Terminal Leave.

\_\_\_\_\_ **B)** Number of unused vacation days.

\_\_\_\_\_ **C)** It is hereby certified that the above named applicant is entitled to the total amount of days shown here for Termination Pay: C.A.R. (Half of A) and Vacation Days (All of B)

Date: \_\_\_\_\_ Timekeeper or Payroll Secretary: \_\_\_\_\_

Signature of Principal /Superintendent: \_\_\_\_\_

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: \_\_\_\_\_