



APPLICATION FOR TERMINATION PAY FOR PEDAGOGUES

Fillable

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

File No 0 6 1 4 5 3 1 SSN 0 8 6 4 2 0 9 1 0 Teacher Regular
 Name David Saphra
 Address 9 Divney Lane
 City Irvington State Zip Code 10533-1403
 School PS189 Dist 11 Borough Bronx
 License C.B.D.E.S. Emp Tele # 9 1 4 5 9 1 2 0 1 2 Title Teacher

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 Retirement Effective 0 7 0 1 2 0 1 0
 Applicant Signature *David Saphra* Current Date 0 6 2 9 2 0 1 0

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) 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 0 6 2 9 2 0 1 0