



**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 **NY** 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**