

**THE NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES AND TALENT  
65 Court Street, Brooklyn, NY 11201**

**OP 201: APPLICATION FOR EXCUSE OF ABSENCE WITHOUT PAY AND/OR AS NON-ATTENDANCE**

Community District Instructional Staff     City District Instructional Staff

**SECTION I: TO BE COMPLETED BY SCHOOL SECRETARY OR APPLICANT**

Applicant's Full Name <input style="width: 80%;" type="text"/>		School Name <input style="width: 80%;" type="text"/>	
Home Address <input style="width: 80%;" type="text"/>		School Address <input style="width: 80%;" type="text"/>	
City <input style="width: 20%;" type="text"/>	State <input style="width: 5%;" type="text"/>	Zip <input style="width: 15%;" type="text"/>	City <input style="width: 20%;" type="text"/>
State <input style="width: 5%;" type="text"/>	Zip <input style="width: 15%;" type="text"/>	State <input style="width: 5%;" type="text"/>	Zip <input style="width: 15%;" type="text"/>
File# <input style="width: 20%;" type="text"/>	Social Security Number <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		School District # <input style="width: 20%;" type="text"/>
License <input style="width: 80%;" type="text"/>			Years of Service <input style="width: 15%;" type="text"/>

Regularly Appointed     Regular Substitute    N.B. Not used for per diem substitutes

**Days Absent: Use "N" for days of non-attendance and "A" for days excused without pay.**  
 Writethename of month. Show school days of absence only. Use correct code to show type of absence.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/>		
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Days <input style="width: 40px;" type="text"/>	Hours <input style="width: 40px;" type="text"/>	Minutes <input style="width: 40px;" type="text"/>	OF NON-ATTENDANCE REQUESTED FOR PURPOSE CHECKED BELOW: <input type="checkbox"/> A - Appearance for Jury Qualification <input type="checkbox"/> B - Appearance for Jury Duty <input type="checkbox"/> C - Appearance on Official Business <input type="checkbox"/> D - Appearance as Disinterested Witness <input type="checkbox"/> E - Death in Immediate Family or Household <input type="checkbox"/> F - Death of Relative Outside Immediate Family or Household <input type="checkbox"/> G - Funeral of an Associate <input type="checkbox"/> H - Degree or Graduation <input type="checkbox"/> I - Extraordinary Transportation Delay <input type="checkbox"/> J - Legislative Hearing <input type="checkbox"/> K - Ordered Military Duty <input type="checkbox"/> L - Quarantine <input type="checkbox"/> M - Religious Observance <input type="checkbox"/> N - Requirement of the School System <input type="checkbox"/> O - School Visits and Meetings Within New York City N.B. School meeting or convention outside New York City requires application on special application form (OP 221).
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Days <input style="width: 40px;" type="text"/>	Hours <input style="width: 40px;" type="text"/>	Minutes <input style="width: 40px;" type="text"/>	OF ABSENCE EXCUSED WITHOUT PAY FOR PURPOSE CHECKED BELOW: <input type="checkbox"/> AA - Interested Court Appearance <input type="checkbox"/> BB - Death in Family <input type="checkbox"/> CC - Funeral of Person Not in Family <input type="checkbox"/> DD - Illness in Family <input type="checkbox"/> EE - Personal Business N.B. Personal Business excused with pay on self-certification requires application on sick leave application form (OP 198).
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**Comment or Explanation:** (Give name and relationship of persons ill or deceased, graduating or receiving degree, nature of subpoena or notice or other directive requiring appearance, name of schools or activities visited, sponsoring organization, date and place of meeting or convention, or extent and type of military duty. Copies of orders, directives, notices, subpoenas or like evidence when attached should be noted as enclosures.)

**SECTION II: TO BE COMPLETED BY APPLICANT:**

I hereby apply for excuse of absence without pay and/or as non-attendance as indicated in Section I above for the period and purpose stated and certify that the information shown in connection with this application is complete and accurate.

Signature of Applicant \_\_\_\_\_ Title  Date

**SECTION III: TO BE COMPLETED BY PRINCIPAL (IF OTHER APPROPRIATE SUPERVISOR, SHOW TITLE BELOW):**

Approved     Disapproved    for reason(s) indicated:

Signature of Principal / Supervisor \_\_\_\_\_ Title  Date

**SECTION IV: TO BE COMPLETED BY COMMUNITY SUPERINTENDENT (OR FOR CITY DISTRICT STAFF, BY RESPONSIBLE ASSISTANT SUPERINTENDENT):**

Approved     Disapproved    for reason(s) indicated:

Authorized Signature \_\_\_\_\_ Title  Date