

2010-11 APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (OP-175)

Directions: This form must be completed and submitted to the per session supervisor prior to commencement of employment in a per session activity. A copy of this form must be retained by the per session supervisor. An applicant who wishes to claim retention rights must assert such a claim on this form. Retention rights may be claimed ONLY in one per session activity. No person may work more than 500 hours in one or a combination of per session activities (with a maximum of 270 hours in a school psychologist and/or school social worker position) without prior written approval of the Division of Human Resources in accordance with Chancellor's Regulation C-175.

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Zip Code: _____

Home Phone: (____) _____ File No.: _____ Email Address: _____

1. Are you a full-time employee of the NYC Department of Education? Yes ____ No ____
 If yes, indicate current work location: CFN _____ District _____ School/Office _____
 License or Title _____ Hours of Employment from _____ to _____
2. Per Session Position for which you are Applying: Program Name: _____
 CFN ____ District ____ Approximate Start Date _____ Do you claim retention rights? Yes ____ No ____
 School/Office _____ Approximate Total No. of Hours in Activity _____
 Work Hours Monday – Friday _____ to _____ Saturday – Sunday _____ to _____
3. **Between July 1, 2010 and June 30, 2011, have you worked or do you plan to work in any other per session activity? Yes ____ No ____.** If yes, indicate all positions below. Use additional sheets if necessary.
 - a. Program Name: _____
 CFN ____ District ____ Approximate Start Date ____ Do you claim retention rights? Yes ____ No ____
 School/Office _____ Approximate Total No. of Hours in Activity _____
 Work Hours Monday – Friday _____ to _____ Saturday – Sunday _____ to _____
 - b. Program Name: _____
 CFN ____ District ____ Approximate Start Date ____ Do you claim retention rights? Yes ____ No ____
 School/Office _____ Approximate Total No. of Hours in Activity _____
 Work Hours Monday – Friday _____ to _____ Saturday – Sunday _____ to _____
4. Will your total per session hours for this year, including the hours for the position for which you are applying, exceed 500? Yes ____ No ____
5. If yes, have you submitted a waiver request to exceed the 500 hour maximum? Yes ____ No ____
6. **Declaration:** I have read and understand the requirements in Chancellor's Regulation C-175. I understand that I am bound by this regulation. I affirm that the information give above is, to my knowledge, accurate and complete, and I understand that a willfully false answer to any question contained herein is a Class E felony which shall render this application null and void and may result in loss of retention rights, cancellation of per session employment, loss of pay, recoupment of compensation already paid, or disciplinary action.

 Signature of Applicant

 Date

7. **Approval by Per Session Supervisor:** I certify that this applicant possesses the qualifications established for the position and that the selection was made after following advertising procedures set forth in Chancellor's Regulation C-175.

 Signature of Per Session Program Supervisor

 Date

Summary of Chancellor's Regulation C-175

Chancellor's Regulation C-175 is available for review at <http://schools.nyc.gov/RulesPolicies/ChancellorsRegulations> Each school maintains a copy of the Standard Operating Procedures Manual for Schools (SOPM). Individuals may review a copy of these procedures in order to familiarize themselves with the process by which per session employees are processed and paid.

1. All per session employees must complete an application for per session activity (OP175) prior to commencing service.
2. Individuals who have been approved for waivers in prior years must resubmit new waiver applications each year. For this purpose, the per session year is from July 1st **through** June 30th.
3. Individuals must submit a waiver form for exceeding the limit on the maximum number of hours that can be served in a per session year. The maximum number of hours of per session work that may be performed annually is available in the C-175 regulation.
4. No individual is authorized to work in a per session activity during a normal school workday.
5. Per session employment, whether funded from the same or a different source, may not be used as a means of providing additional compensation for work similar to that which is performed in an individual's primary assignment.
6. Individuals cannot serve in a per session activity for which, in their primary assignment, they are responsible for hiring, rating, or coordinating or which they normally supervise in their primary assignment.
7. No per session compensation may be paid for work performed at home.
8. Employees on sabbatical leaves beginning August 1st must complete per session activities in which they are serving in July. They will not be permitted to commence any new per session assignments until the September following the completion of the sabbatical.
9. Each per session employee is required to use a time clock to record the exact time of arrival and departure. The timecard is to be maintained at the work site and should serve as the basis of entries on the Personnel Time Report. If a time clock is not available, a daily attendance report with exact time of arrival and departure must be provided, maintained and approved by a supervisor. In every case, regardless of the specific manner in which time is reported, supervisors are accountable for verifying the record of attendance. Approval by a co-worker is not acceptable. Failure to maintain satisfactory records will result in the withholding of compensation or recoupment of payment already made.
10. Each per session employee is required to submit a time sheet for service that was performed during the prior per session period within one school day of the per session period immediately following each service.
11. ***Time sheets submitted for per session work which required a waiver that was not previously approved will result in the withholding of per session payment.***
12. If a teacher is entitled to retention rights in a per session activity but fails to claim those rights before or at the time of application for a different per session job in which the teacher has no retention rights, the teacher may then be denied employment in the job for which there is entitlement to retention.

Notes: Requests for waivers must be submitted sufficiently in advance to allow time for review and appropriate action. ***Failure to obtain a valid waiver may result in the withholding of payment for hours worked beyond the maximum hours as outlined in Chancellor's Regulation C-175.***



REQUEST FOR WAIVER OF RESTRICTION ON PER SESSION EMPLOYMENT (OP-175W)

Directions: The appropriate Per Session Supervisor must sign and submit this form to request a waiver of the restrictions on per session employment, in accordance with Chancellor's Regulation C-175. Per Session employment may not exceed 500 hours (with a maximum of 270 hours in a school psychologist and/or school social worker (SP/SW) position) in a per session year unless prior approval is received from the Division of Human Resources. **Failure to obtain a valid waiver may result in the withholding of payment.**

Waiver is requested for: _____
(Last Name) (First Name) (MI)

Email Address: _____ File # _____

To be completed by the Per Session Activity Supervisor:

The applicant has been selected for the position of: _____

Budget Code _____ District _____ Quick Code _____ Line # _____ Job ID _____

Location of Per Session Activity: (School/Office) _____

Per Session Program Supervisor/ Supt.: _____ Phone: (_____) _____

Email Address: _____

Please enter the number of hours above the hour maximum that you are requesting this waiver for:

_____ number of hours over 500 limit **OR** _____ number of hours over 270 SP/ SW limit

Between what dates and how widely was the position advertised (School/ District or Borough/ Citywide)? (Attach copy of advertisement)

Number of applications received for this position: _____

Are there other applicants for whom a waiver would not be needed? _____

If so, indicate why these applicants were not selected:

Please explain why this is the only applicant that is qualified for the additional work in this activity:

Declaration of Per Session Supervisor: I certify that this position was advertised and selected in accordance with the regulations governing per session employment and the current Collective Bargaining Agreement, and that this waiver is needed to staff the position appropriately. Per Session employees have been notified that they are not permitted to exceed these hours unless prior written approval has been received from the appropriate ISC or Division of Human Resources.

Signature of Per Session Supervisor

Date

Submission Information: Submit this form and a copy of the employee's APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (Form OP-175) along with the advertisement announcing this position to appropriate office for review:

SCHOOL/ DISTRICT/ BOROUGH Positions: Your Integrated Service Center's HR Partner or Children First Network's HR Director. For SW/ SP positions, please submit to your ISC's Deputy Executive Director, Special Education or your CFN HR Director.

CENTRAL Positions: Division of Human Resources – 65 Court Street (Rm. 801), Brooklyn, NY 11201.

For Principal Per Session Activities Only - Principals must submit a per session waiver request to their Superintendent using the current WEB online per session request system in FAMIS.

FOR ISC OR HUMAN RESOURCES ACTION (BASED ON LOCATION OF PER SESSION ACTIVITY)

To Applicant/Program Supervisor: Your request for a waiver of the restriction noted above for per session year _____ has been

Approved _____

Disapproved _____

ISC or Division of Human Resources

Date