



New York City Department of Education
 Pedagogic/School Based Payrolls
 65 Court Street, Room 1400
 Brooklyn, New York 11201

Phone: 718-935-2218

PLEASE TYPE PART 1 OF THE FORM

Form: OP-44 Vaccine Mandate Special Provisions

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

APPLICATION FOR TERMINATION PAY FOR PEDAGOGUES (Fillable)

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

File No: _____ EMPL ID: _____ Teacher Regular: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Dist: _____ Borough: _____

License: _____ Emp Tele #: _____ Title: _____

I hereby request termination pay provided by the NYC Department of Education Vaccination Mandate Special Provisions arbitration decision.

Reason: _____ Effective Date: _____

Applicant Signature: _____ Current Date: _____

PART II - To be completed and reviewed by school payroll secretary and signed by Principal/Superintendent.

It is hereby certified that the above-named applicant is entitled to the amount of days of Termination Pay shown here: _____

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: _____ Date Paid: _____

Date Printed: _____