

**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF
NEW YORK/ ALBANY, NY 12234**



Mr. David Wicks, District Superintendent of Schools
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, New York 11772
(631) 687-3006

APPLICATION FOR INCIDENTAL TEACHING ASSIGNMENT

This application must be submitted not later than 20 days after a teacher is assigned to teach a subject not covered by his/her certificate for a period not to exceed five classroom hours per week.

- Teacher is to complete items 1 through 8.
- For the initial incidental teaching assignment, the employing superintendent is to complete items 10 and 12 and for subsequent renewals items 10, 11, and 12.
- Documentation must be submitted as outlined in item 9.
- Mail completed application to the address indicated above.

1. ENTER SOCIAL SECURITY NUMBER

2. PRINT NAME

Last _____
First _____
Middle _____

3. ADDRESS

Street _____
Apt. _____
City _____ State _____ Zip _____

4. BIRTH DATE _____ (mo/day/yr) **5. SEX** _____ (Enter M or F)

6. CERTIFICATION STATUS – (NYS Certificates held)

Title of Certificate	Form of Certificate (e.g. prov, perm.)	Effective Date	Certificate Number

NYSED Dept. Use Only.
Incidental teaching assignment _____
(certificate title)

Application: ___ Approved ___ Disapproved

By: _____ Date _____

Title: _____

7. Moral Character Determination

Mark appropriate response to the right of each question.

- A. Have you ever resigned from a position rather than face disciplinary action? Yes No
- B. Has any disciplinary action been brought against you which resulted in your being discharged from employment? Yes No
- C. Did you ever receive a discharge from the Armed Forces of the United States which was Other than "Honorable" or which was issued under other than honorable circumstances? Yes No
- D. Have you ever been convicted of any crime (felony or misdemeanor)? * Yes No
- E. Are you now under charges for any crime (felony or misdemeanor)? Yes No
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges? Yes No
- G. Have you ever had a teaching credential revoked, suspended, or annulled? Yes No
- H. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020? Yes No

If you answered YES to any of the questions above, provide on a separate sheet the specifics or an explanation for the response. If you elect not to provide specifics, however, or if such an explanation is insufficient, a confidential investigation will be initiated. None of the above circumstances represents an automatic bar to teacher certification.

*Submit official copies of court record including disposition of case.

8. AFFIDAVIT

Under the penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcriptions, are true, and correct.

(Date)

(Signature of Applicant)

9. The information noted below must be submitted in support of this application:

- A delineation of the specific action(s) taken to recruit a certified person for this position (e.g., copies of letters to placement officers/agencies and/or of advertisements in the media).
- Evidence that there is not readily available for recruitment certified personnel competent to perform the position (e.g., the number of certified applicants for the position in question, letters of declination, etc.).

10. The information requested below must be submitted for the employment of a teacher to teach a subject (not covered by his/her certificate for a period not to exceed five classroom hours per week.

- a) The subject the teacher is being assigned to teach on an incidental basis, the number of classes to be taught and/or hours to be taught, and the date on which assignment will begin/began.

- b) The academic qualifications of the teacher to teach such subject on an incidental basis.

- c) The specific reasons why an incidental teaching assignment is necessary.

- d) The anticipated duration of the incidental teaching assignment (not to exceed the current school year; identify specific dates).
- e) The number of applications, approved or pending, the district has or is submitting for authorization to make incidental teaching assignments this school year in the same certificate title for which this authorization is being sought.

11. To obtain approval in any subsequent year, as soon as possible after learning that the continued assignment of an incidental teacher is necessary, please provide again the information identified in items 1 through 10 and the information requested below.

- a) The name of the teacher who previously taught this course on an incidental basis.
- b) The reason why the teacher who has previously taught this course on an incidental basis will not be teaching it this school year.
- c) The title of the course the incidentally assigned teacher is taking leading to certification in the incidental teaching assignment, the date the course will be completed, and the institution of higher education at which it is being completed.

(Course Title)	(Course Number)	(Date Completed or to be completed)
(Institute of Higher Education)		

12. I certify that:

After extensive recruitment I am unable to obtain the services of a certified and qualified teacher for the position indicated in item number 10; and

The teacher who is assigned to teach this course on an incidental basis will be reimbursed or the tuition cost of any portion of the three semester hours of credit or the equivalent as required pursuant to Section 80.2(c) that is completed by the teacher at the request of the district.

Signature: _____
(Superintendent of Schools)
(School District)

Address: _____
(Street)
(City)
(County)
(State)
(Zip)

ETHNIC QUESTIONNAIRE

The New York State Board of Regents and the State Education Department are committed to equal opportunity and racial justice. To achieve these goals, legislation has been enacted which calls for specific efforts "...in eradicating the present effects of past discrimination." The Regents and the State Education Department endorse a coordinated and comprehensive effort to achieve equal opportunity and racial justice involving the sustained effort of institutions of higher education, public and private elementary and secondary schools, professional associations and societies, unions, government and parent groups. In pursuit of these efforts, the (Regents/Legislature) has authorized and required the Commissioner of Education "to collect and analyze data concerning minority representation in the teaching profession.

The ethnic data being collected will not be made part of your teacher certification file and will not be released or shared with anyone. The data will in no way affect the processing of your application nor your eligibility for certification. The data will be used only for the purpose of defining the nature and extent of underrepresentation as well as changes in such underrepresentation.

Although your response is not mandatory, you are required to return this form with your application.

CHECK THE APPROPRIATE BOX

ETHNICITY:

1. American Indian or Alaskan native
2. Asian or Pacific Islander
3. Black (Not Hispanic)
4. Hispanic
5. Caucasian/White (Not Hispanic)