

NEW YORK CITY BOARD OF EDUCATION
DIVISION OF HUMAN RESOURCES
OFFICE OF RECRUITMENT, PERSONNEL ASSESSMENT AND LICENSING
65 COURT STREET
BROOKLYN, NEW YORK 11201

July 11, 1997

RHONDA WEINGARTEN

FILE NUMBER:
LICENSE: 691B
DESCRIPTION: SOCIAL STUDIES DHS
LIST CODE: TT
HRS STAT: 1RL

Dear Ms. WEINGARTEN:

According to official records, you did not submit required documentation confirming that you have met the full preparation requirements for licensure (**Chancellor's Requirements**) for the above-referenced New York City Regular License. Pursuant to Chancellor's Regulation C-205, you are required to complete within two years of your appointment date two (2) semester hours of collegiate study in Human Relations and six (6) semester hours of approaches to the teaching of special education children.

Please be advised that as a result of your failure to complete full preparation requirements for licensure by the June 30, 1997 deadline, your regular license will be terminated prior to the start of the 1997-1998 school year. Consequently, you will revert to regular substitute status and your salary code will be reduced to Step 4A.

NOTE: Submission of all required documentation by August 28, 1997 will prevent your license from being terminated.

Please be further advised that although the termination of your license will adversely effect your appointment and salary status, this action will not effect your employment in your current district and school. Therefore, you have the option to continue serving in your present position as a full-time regular substitute until such time that reinstatement is possible. If, however, you choose not to continue in your current position, you are advised to contact your district's personnel director immediately.

Upon completion of your required course work, transcripts (student copies acceptable) and other required documentation must be submitted to the ORPAL License Validation Unit for possible reinstatement to former license service and status.

You are urged to contact the ORPAL License Validation Unit at 718 935-2462 if you have any questions regarding this matter.

Thank you for your cooperation.

Sincerely,
Steven L. Catalano
Chief Administrator
ORPAL

slc:tn

c: Personnel Directors

WEINGARTEN, Rhonda C. Pardon HS K 35 117 -
 Surname, First Name, Middle Initial School Borough District Soc. Sec. No. File Number
 Regularly Appointed Regular Substitute Per Diem Substitute

THE CITY SCHOOL DISTRICT OF NEW YORK
 DIVISION OF HUMAN RESOURCES - BUREAU OF SALARY DIFFERENTIALS AND STATUS
 65 Court Street (Room 508), Brooklyn, New York 11201

CERTIFICATE OF SALARY DIFFERENTIAL

Staff Member's Name and Home Address	Salary Differential	Effective Date of Action		
		Previously Granted	Now Cancelled	Now Granted
Rhonda Weingarten	First Differential			9/1/94
	Promotional Differential			9/1/94
	Intermediate Differential			
	Second Differential			9/1/94
License:				
Social Studies				

As shown above, the employee named is entitled to the salary differential or differentials indicated and, upon proper certification of service, is to be paid according to the appropriate salary schedule. Except when cancellation is indicated, differentials previously granted continue.

Date Issued: 10/3/94

Issued by: S. Rothman/md
 FOR THE CHANCELLOR

Date Issued 10/08/94

File #
Soc. Sec. #

691B 82

NEW YORK CITY PUBLIC SCHOOLS
CERTIFICATE TO SERVE AS A SUBSTITUTE

Teacher of Social Studies
In Day High Schools

Rhonda Weingarten

Effective Date 05/11/94
Expiration Date 08/31/94

This certificate is issued for:

Preparatory Provisional Service on the basis of having made application for a New York State Temporary License which requires timely progression toward the attainment of New York State Provisional Certification.

This certificate is issued to the above person in accordance with Regulations of the Chancellor, and given under authority of the Board of Education of the City of New York. This Certificate is valid for substitute service in the New York City Public Schools.

No Certificate shall be renewed unless the holder has rendered satisfactory service and has fulfilled his/her education plan commitment. Failure to renew by the expiration date may result in termination of employment.

Signature of certificate holder _____
(Must be signed in ink before first day of service)

Please verify the accuracy of the information above. Report address changes to Human Resources, 65 Court St - Room 801
Brooklyn, NY 11201

Salary Differentials and Salary Step Credit/Equated Date

Regularly appointed pedagogical employees are required to apply for salary differentials, for a salary step placement and for an equated date within ninety days of the date of appointment. Substitute pedagogical employees must apply for differentials and credit for outside experience within ninety days of the date of original license or certificate, if eligible. There are penalties for late filing. Acknowledgements of receipt will be supplied for all salary applications and should be retained for your records. All inquiries and requests for Applications for Salary Differentials and Applications for Allowable Salary Credit for Prior Experience (necessary for Step Placement) should be addressed to the Bureau of Differentials and Status, Room 508, 65 Court Street,

THE CITY SCHOOL DISTRICT OF NEW YORK
OFFICE OF PERSONNEL

MEDICAL RECOMMENDATION FORM
(Locally Selected Teacher)

Date 5/26/94

NAME (Please Print) W. E. MATHIAS ROBERT
Last Name First Name

DATE OF BIRTH _____
Month | Day | Year

SUBJECT OF LICENSE Social Studies - Day High School

OTHER LICENSES FOR WHICH NOW AN APPLICANT Social Studies - Junior High School

[Signature]
(Signature of Applicant)

DO NOT WRITE BELOW THIS LINE

[Signature]
RECOMMENDATION OF MEDICAL DIVISION

DATE 5/26/94

[Signature]
Examining Physician



APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

I hereby apply for a license or certificate with the New York City Public Schools as indicated below.

1. **REGULAR LICENSE FOR APPOINTMENT**
 Based upon possession of valid NYS Certification:
 Certificate of Qualification
 Provisional NYS Certificate
 Permanent NYS Certificate
 Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)

3. C
 R
NOT APPLICABLE

4. CERTIFICATE FOR OCCASIONAL APPOINTMENT
 SF
NOT APPLICABLE
 D: _____
 (See instructions)

2. ALTERNATE LICENSING METHOD
NOT APPLICABLE
School action instrument SS-SR) items are daily Area

FOR OFFICE USE ONLY - NTE TEST SCORES
 CORE BATTERY _____
 GK PK CS DATE
 SPEC AREA SCORE DATE

5. **BILINGUAL:** If a bilingual license/certificate is sought, indicate language: _____

6. SUPERVISOR/ADMINISTRATOR
 SUBJECT AREA _____
 TEACHER
Social Studies
 SUBJECT AREA _____
 SCHOOL PSYCHOLOGIST
 SCHOOL SOCIAL WORKER
 GUIDANCE COUNSELOR
 SCHOOL PSYCHIATRIST

8. SCHOOL PSYCHOLOGIST-IN-TRAINING
 SUBSTITUTE SCHOOL SECRETARY INTERN
 SA
NOT APPLICABLE
 SI
 HOME ECONOMICS TEACHER'S ASSISTANT
 TECHNOLOGY EDUCATION TEACHER'S ASSISTANT
 TEACHER OF ADULTS
 SUBJECT AREA _____

 NOT APPLICABLE
 SPECIFY _____

7. LA
 LA
 SC
NOT APPLICABLE
 SCHOOL MEDICAL INSPECTOR

9. **LEVEL:**
 ELEMENTARY SCHOOL
 JUNIOR HIGH SCHOOL
 HIGH SCHOOL
 SECONDARY SCHOOL
 DAY SCHOOL
 OTHER _____
 SPECIFY _____

FOR OFFICE USE ONLY

 LICENSE CODE

 LIST CODE

10. PLEASE PRINT OR TYPE

WEINGARTEN LAST NAME
 RICHONDA FIRST NAME
 _____ M.I.
 _____ OTHER SURNAME
 _____ SOCIAL SECURITY #
 _____ STREET ADDRESS
 _____ CITY STATE ZIP CODE
 _____ APT #
 TELEPHONE NUMBER FILE NUMBER: _____
 (IF ANY)

K 600
1/15/93

PERSONAL DATA

11. CITIZENSHIP STATUS:

YES NO

Are you a U.S. citizen?

IF NO

Are you a permanent resident alien?

IF NO

Are you permitted to be employed in the U.S.?

12. U.S. MILITARY SERVICE:

Branch of Service _____

Active Duty Dates _____

FROM

TO

Type of Discharge* _____

13. EDUCATIONAL PREPARATION

List all schools attended, including last elementary school, beginning with the most recent school.

SCHOOLS/COLLEGES/UNIVERSITIES	CITY AND STATE	ATTENDANCE		DID YOU GRADUATE? YES or NO	DIPLOMAS/ DEGREES GRANTED AND DATES
		FROM	TO		
Pace University, School of Educ	Ny, Ny			NO	NON MATRIC
College of St Rose	Albany, Ny			NO	NON MATRIC
College of Staten Island	SE, NY			NO	NON MATRIC
Long Island University	Brook So, Ny			NO	NON MATRIC
Cardozo School of Law, Yeshiva	Ny, Ny			yes	J.D, 5/83
Cornell University, School of Educ	Ithaca, NY			yes	B.S. Ed. 5/80
				yes	Regents Diploma H.S. Sp.
				yes	—
				yes	—

14. LICENSE HISTORY IN THE NYC PUBLIC SCHOOL SYSTEM

MOST RECENT LICENSES ISSUED

	TITLE OF LICENSE	DATE OF ISSUANCE
1.	PDTR	9/3/91
2.	PDTR	9/25/92
3.	PPT	9/7/93

PENDING APPLICATIONS FOR LICENSES

	TITLE OF LICENSE	DATE OF APPLICATION
1.		
2.		
3.		

15. I HOLD THE FOLLOWING NYS EDUCATION CERTIFICATES:

(The information provided below should include your response to item 1.)

SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	TYPE		
				PERM	PROV	COO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.

APPLICATION FOR ALLOWABLE SALARY CREDIT FOR PRIOR EXPERIENCE

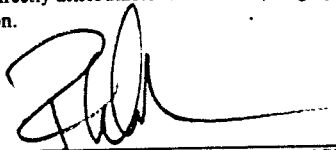
SECTION 4 - PRIOR ALLOWABLE PEDAGOGICAL EXPERIENCE PERFORMED FOR NEW YORK CITY BOARD OF EDUCATION

Regularly appointed employees shall complete this section to claim salary step credit for all prior allowable, satisfactory New York City Board of Education appointed and substitute pedagogical day school service, and also for allowable Certificate of Competency Instructor or Teacher experience and allowable day school New York City Board of Education Adult Education teaching service, performed in the ten-year period immediately preceding date of appointment. Omit service in evening and summer schools. Appointed and substitute school secretaries shall complete this section to claim prior service as a school secretarial assistant. Substitutes should complete this section to claim prior Certificate of Competency or Adult Education service, as previously described. (Substitutes with questions on their salary step based solely on substitute service for the New York City Board of Education should not complete this application but instead should communicate directly in writing to the Pedagogical Inquiry Unit, 65 Court Street - Room 1402, Brooklyn, New York 11201.)

SCHOOL NAME, BOROUGH & DISTRICT	LICENSE	DATES OF SERVICE		# of Days Served	Check Type of Service
		From	To		
Clara Barton H.S.	PPT-SS	9/3/91	6/30/92	F-status	<input type="checkbox"/> Reg. Sub. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
Clara Barton H.S.	PPT-SS	9/8/92	6/30/93	F-status	<input type="checkbox"/> Reg. Sub. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
Clara Barton H.S.	PPT-SS	9/7/93	6/30/94	F-status	<input type="checkbox"/> Reg. Sub. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
					<input type="checkbox"/> Reg. Sub. <input type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
					<input type="checkbox"/> Reg. Sub. <input type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
					<input type="checkbox"/> Reg. Sub. <input type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed

SECTION 5 - APPLICANT'S SIGNATURE AND DECLARATION

I understand that if any information or documentation provided as part of this application is found by the Chancellor or his designee to be fraudulent, forged or altered, it will result in a denial of my application and may subject me to disciplinary action if I am already employed by the Board of Education or a Community School Board. I also understand I will have a chance to respond to any allegation that a document or information I have supplied is fraudulent, forged or altered prior to any adverse action being taken against me. Finally, I further understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged or altered after my application had been processed and I have received additional moneys as a result, I will agree to return, upon demand by the Board of Education, that amount of money received which is directly attributable to the fraud, forgery or alteration by deductions from my paycheck, or alternate means if I so elect or if I am no longer employed by the Board of Education.



APPLICANT'S SIGNATURE

9/31/94
DATE

DO NOT WRITE BELOW THIS LINE - FOR DIVISION OF PERSONNEL USE ONLY

RECORD OF NEW YORK CITY BOARD OF EDUCATION SATISFACTORY SERVICE (10 year period immediately preceding appointment)

YEAR	REGULAR SUBSTITUTE		PER DIEM SUBSTITUTE		YEAR	REGULAR SUBSTITUTE		PER DIEM SUBSTITUTE	
	FALL	SPRING	FALL	SPRING		FALL	SPRING	FALL	SPRING
					7/10-6/91				
					7/1-6/92			12	19
					7/2-6/93			16	
					7/12-6/94				

PRIOR N.Y.C. SUBSTITUTE SERVICE	PRIOR OUTSIDE TEACHING EXPERIENCE	PRIOR RELATED NON-TEACHING
_____ Year(s) _____ Term(s), 496-_____	_____ Year(s) _____ Term(s), 496-_____	_____ Year(s) _____ Term(s), 496-_____

SALARY AWARD FOR A SUBSTITUTE: Based on experience earned in 10 year period prior to date of original License or Certificate		
A. TOTAL PRIOR OUTSIDE TEACHING EXPERIENCE	B. TOTAL PRIOR RELATED NON-TEACHING EXPERIENCE	C. PAY STEPS
_____ Term(s), 496-_____	_____ Term(s), 496-_____	Pay _____ Steps

SALARY AWARD FOR APPOINTEE: Based on experience earned in 10 year period preceding appointment

DATE OF COMMENCEMENT OF SERVICE UNDER PRESENT APPOINTMENT	CREDIT FOR SERVICE IN NEW YORK CITY PUBLIC SCHOOLS	CREDIT FOR SERVICE OUTSIDE N.Y.C. PUBLIC SCHOOLS		SALARY IS PAYABLE:			SALARY STEP OR SALARY YEAR	YEARS OF SERVICE CREDITABLE AFTER SEPT. 1969	EQUATED OR ANNIVERSARY DATE UNDER PRESENT APPOINTMENT
		Teaching	Non-Teaching	Under Salary Code or Salary Schedule	Plus Differential If Checked Below				
(1)	(2)	(3)	(4)	(5)	Intermediate	Promotional	(6)	(9)	(10)
9/12/94				C1			1A	496-0	9/12/94

NAME OF PROCESSOR _____ DATE 9/21/94



APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

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 Based upon possession of valid NYS Certification:
 Certificate of Qualification
 Provisional NYS Certificate
 Permanent NYS Certificate
 Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)

2. **ALTERNATE LICENSING METHOD**
NOT APPLICABLE
School section numbers 55-59) (area are daily Area

3. **C NOT APPLICABLE**

4. **SE NOT APPLICABLE**
D: (See instructions)

5. **BILINGUAL** If a bilingual license/certificate is sought, indicate language: _____

6. **SUPERVISOR/ADMINISTRATOR**
 SUBJECT AREA _____
 TEACHER
Social Studies
 SUBJECT AREA _____
 SCHOOL PSYCHOLOGIST
 SCHOOL SOCIAL WORKER
 GUIDANCE COUNSELOR
 SCHOOL PSYCHIATRIST

7. **LA1**
 LA2 **NOT APPLICABLE**
 SG
 SCHOOL MEDICAL INSPECTOR

8. **SCHOOL PSYCHOLOGIST-IN-TRAINING**
 SUBSTITUTE SCHOOL SECRETARY INTERN
 SA **NOT APPLICABLE**
 SI
 HOME ECONOMICS TEACHER'S ASSISTANT
 TECHNOLOGY EDUCATION TEACHER'S ASSISTANT
 TEACHER OF ADULTS
 SUBJECT AREA _____

 NOT APPLICABLE
 SPECIFY _____

9. **LEVEL:**
 ELEMENTARY SCHOOL
 JUNIOR HIGH SCHOOL
 HIGH SCHOOL
 SECONDARY SCHOOL
 DAY SCHOOL
 OTHER _____
 SPECIFY _____

FOR OFFICE USE ONLY

 LICENSE CODE

 LIST CODE

10. PLEASE PRINT OR TYPE

WEINGARTEN

LAST NAME

RHONDA

FIRST NAME

OTHER SURNAME

SOCIAL SECURITY #

ML

011964

EMPLOYMENT HISTORY

16. EXPERIENCE IN SCHOOLS

Are you currently employed under any license or certificate in the New York City school system?

YES NO

If YES, list license or certificate and the school in which you are now employed

Name, number and address of school	From	To	License or Certificate held (include type of service and subject area)	Hours per day	Days per year	Name, address and title of supervisor
Clara Burtwell School, 901 Cluse Ave, Brooklyn, NY	9/91	present	PS ST ST	2	180	Jerry Resnick Principal

List other experience in schools, beginning with the most recent experience.

Name, number and address of school	From	To	License or Certificate held (include type of service and subject area)	Hours per day	Days per year	Name, address and title of supervisor
I.S. 131, Hester St, NY, NY	5/94	6/94	ST	2-3	12	Michael Adams

TYPE OF SERVICE:

- | | | | |
|--------------------------|-----------------------|-------------------------------|-----------------------|
| RA - regular appointed | AD - administrative | ES - evening school | CS - civ. service |
| RS - regular substitute | SU - supervisory | SS - summer session | PR - practicum |
| LP - long term per diem | PA - paraprofessional | VS - voluntary unpaid service | ST - student teaching |
| OP - occasional per diem | SA - school aide | | |

17. EXPERIENCE OTHER THAN IN SCHOOLS

Include all employment whatever its nature for past ten years, beginning with the most recent employment.

Employer's name and address (State family relationship, if any.)	Capacity in which employed	From	To	Hours per week	Weeks per year

18. PERIODS OF UNEMPLOYMENT

criminal action?

3.	Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	3.
4.	Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	4.
5.	Have you ever been disqualified for employment for any civil service position?	5.
6.	Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)?	6.
7a.	Have charges ever been preferred against you by an employer?	7a.
b.	Were the charges sustained?	7b.
8.	Have you ever resigned as an alternative to facing charges or dismissal?	8.
9.	Have you ever had a license or certificate denied or terminated by the Board of Examiners or the Board of Education because of unsatisfactory teaching, fingerprint or medical record?	9.
10.	Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record?	10.

20. ATTESTATION

20a. I have read the eligibility requirements for this license/certificate for which I am filing this application. To the best of my knowledge and belief I now meet, or shall meet, the requirements by the appropriate date.

20b. I understand that if I am not State certified and I serve as an occasional per diem substitute for more than 40 days in one school year, I must reduce my educational deficiencies by completing at least six (6) credits prior to being considered for renewal of my certificate.

WARNING:

According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.

20c. I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

Signature of applicant  Date 3/30/94

It is the policy of the New York City Board of Education not to discriminate on the basis of race, color, creed, religion, national origin, age, handicapping condition, marital status, sexual orientation, or sex in its educational programs, activities, and employment policies, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 110 Livingston Street-Room 601, Brooklyn, New York 11201; or to the Director, Office of Civil Rights, U.S. Department of Education, 26 Federal Plaza, Room 33-130, New York, New York 10278.



APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

I hereby apply for a license or certificate with the New York City Public Schools as indicated below.

<p>1. <input type="checkbox"/> REGULAR LICENSE FOR APPOINTMENT</p> <p><input type="checkbox"/> Based upon possession of valid NYS Certification:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Certificate of Qualification <input type="checkbox"/> Provisional NYS Certificate <input type="checkbox"/> Permanent NYS Certificate</p> <p><input type="checkbox"/> Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)</p>	<p>3. <input type="checkbox"/> CERTIFICATE FOR SUBSTITUTE SERVICE Regularly Assigned Substitute</p> <p>4. <input type="checkbox"/> CERTIFICATE FOR OCCASIONAL PER DIEM SERVICE Day-to-day Substitute (see Item 20b)</p>						
<p>2. <input type="checkbox"/> ALTERNATE LICENSING METHOD Based upon request and appointment by a Community School District in accordance with NY State Education Law (Section 2590.5). Form entitled "Nomination Application for Appointment Based on the National Teacher Examination" (Form OP 55-5R) must be attached to this application. Additionally, applicants are required to have passed the NTE Core Battery and Specialty Area Tests prior to appointment.</p>	<p style="text-align: center;">FOR OFFICE USE ONLY - NTE TEST SCORES</p> <p>CORE BATTERY: GK PK CS DATE</p> <p style="margin-left: 100px;">SPEC. AREA SCORE DATE</p>						
<p>5. <input type="checkbox"/> BILINGUAL: If a bilingual license/certificate is sought, indicate language: _____</p>							
<p>6. <input type="checkbox"/> SUPERVISOR/ADMINISTRATOR</p> <p style="margin-left: 20px;">SUBJECT AREA _____</p> <p><input type="checkbox"/> TEACHER</p> <p style="margin-left: 20px;">SUBJECT AREA _____</p> <p><input type="checkbox"/> SCHOOL PSYCHOLOGIST <input type="checkbox"/> SCHOOL SOCIAL WORKER <input type="checkbox"/> GUIDANCE COUNSELOR <input type="checkbox"/> SCHOOL PSYCHIATRIST</p>	<p>8. <input type="checkbox"/> SCHOOL PSYCHOLOGIST-IN-TRAINING <input type="checkbox"/> SUBSTITUTE SCHOOL SECRETARY INTERN <input type="checkbox"/> SCHOOL SECRETARY ASSISTANT <input type="checkbox"/> SUBSTITUTE VOCATIONAL ASSISTANT <input type="checkbox"/> HOME ECONOMICS TEACHER'S ASSISTANT <input type="checkbox"/> TECHNOLOGY EDUCATION TEACHER'S ASSISTANT <input type="checkbox"/> TEACHER OF ADULTS</p> <p style="margin-left: 20px;">SUBJECT AREA _____</p> <p><input type="checkbox"/> PER SESSION EVENING TRADES</p> <p><input type="checkbox"/> OTHER</p> <p style="margin-left: 20px;">SPECIFY _____</p>						
<p>7. <input type="checkbox"/> LABORATORY SPECIALIST <input type="checkbox"/> LABORATORY TECHNICIAN <input type="checkbox"/> SCHOOL SECRETARY <input type="checkbox"/> SCHOOL MEDICAL INSPECTOR</p>	<p>9. LEVEL:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ELEMENTARY SCHOOL</td> <td><input type="checkbox"/> SECONDARY SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> JUNIOR HIGH SCHOOL</td> <td><input type="checkbox"/> DAY SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> HIGH SCHOOL</td> <td><input type="checkbox"/> OTHER _____</td> </tr> </table> <p style="text-align: center; font-size: 8px;">SPECIFY</p>	<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> SECONDARY SCHOOL	<input type="checkbox"/> JUNIOR HIGH SCHOOL	<input type="checkbox"/> DAY SCHOOL	<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> SECONDARY SCHOOL						
<input type="checkbox"/> JUNIOR HIGH SCHOOL	<input type="checkbox"/> DAY SCHOOL						
<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> OTHER _____						
<p style="text-align: right;">FOR OFFICE USE ONLY</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">R D T T</p> <p style="text-align: center; font-size: 10px;">LICENSE CODE</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">23</p> <p style="text-align: center; font-size: 10px;">LIST CODE</p>							

10. PLEASE PRINT OR TYPE

<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">W</td><td style="width: 20px;">E</td><td style="width: 20px;">I</td><td style="width: 20px;">N</td><td style="width: 20px;">G</td><td style="width: 20px;">A</td><td style="width: 20px;">R</td><td style="width: 20px;">T</td><td style="width: 20px;">E</td><td style="width: 20px;">N</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> <p style="text-align: center; font-size: 8px;">LAST NAME</p>	W	E	I	N	G	A	R	T	E	N			<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">R</td><td style="width: 20px;">H</td><td style="width: 20px;">O</td><td style="width: 20px;">N</td><td style="width: 20px;">D</td><td style="width: 20px;">A</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> <p style="text-align: center; font-size: 8px;">FIRST NAME</p>	R	H	O	N	D	A						
W	E	I	N	G	A	R	T	E	N																
R	H	O	N	D	A																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> <p style="text-align: center; font-size: 8px;">OTHER SURNAME</p>													<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> <p style="text-align: center; font-size: 8px;">SOCIAL SECURITY #</p>												
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FILE NUMBER:
(IF ANY)

[Handwritten Signature]

017603 M.I.

PERSONAL DATA

11. CITIZENSHIP STATUS:

YES NO

Are you a U.S. citizen?

IF NO

Are you a permanent resident alien?

IF NO

Are you permitted to be employed in the U.S.?

12. U.S. MILITARY SERVICE:

Branch of Service _____

Active Duty Dates _____

FROM TO

Type of Discharge* _____

13. EDUCATIONAL PREPARATION

List all schools attended, including last elementary school, beginning with the most recent school.

SCHOOLS/COLLEGES/UNIVERSITIES	CITY AND STATE	ATTENDANCE	DID YOU GRADUATE? YES or NO	DIPLOMAS/ DEGREES GRANTED AND DATES
Cardoza School of Law Yeshiva University	New York, N.Y.	1	Yes	J.D. June 1983
School of Industrial and Labor Relations, Cornell Univ.	Ithaca, NY	1	Yes	R.S. May 1980 Regents Diploma, H.S. Diploma
			Yes	
			Yes	

14. LICENSE HISTORY IN THE NYC PUBLIC SCHOOL SYSTEM

MOST RECENT LICENSES ISSUED

	TITLE OF LICENSE	DATE OF ISSUANCE
1.		
2.		
3.		

PENDING APPLICATIONS FOR LICENSES

	TITLE OF LICENSE	DATE OF APPLICATION
1.		
2.		
3.		

15. I HOLD THE FOLLOWING NYS EDUCATION CERTIFICATES:

(The information provided below should include your response to Item 1.)

				TYPE		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	PERM	PROV	COQ
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	PERM	PROV	COQ
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	PERM	PROV	COQ

*A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.



NEW YORK CITY PUBLIC SCHOOLS
Office of Recruitment, Personnel Assessment and Licensing
65 Court Street • Brooklyn, New York 11201

DEMOGRAPHIC DATA

The following information is requested for statistical purposes only. Your responses are voluntary and will be held confidential.

Please detach from application along perforation, then fold along dotted lines and seal. Return separately from your application for license/certificate by mail; postage has been provided.

GENDER:

MALE FEMALE

ETHNICITY:

1. AMERICAN INDIAN OR ALASKAN NATIVE
2. ASIAN OR PACIFIC ISLANDER
3. BLACK (NOT OF HISPANIC ORIGIN)
4. HISPANIC (OF HISPANIC ORIGIN REGARDLESS OF RACE)
5. WHITE (NOT OF HISPANIC ORIGIN)

SOCIAL SECURITY #

SUBJECT AREA INDICATED
ON APPLICATION FOR LICENSE OR CERTIFICATE

PLEASE NOTE:

This information will be used only for statistical purposes and will not be used to make individual employment decisions.

Although completion of this form is voluntary, if you choose to complete this form, it must include gender, ethnicity, Social Security number, and subject area.

EMPLOYMENT HISTORY

16. EXPERIENCE IN SCHOOLS

Are you currently employed under any license or certificate in the New York City school system?

YES NO

If YES, list license or certificate and the school in which you are now employed.

Name, number and address of school	From	To	License or Certificate held (include type of service* and subject area)	Hours per day	Days per year	Name, address and title of supervisor

List other experience in schools, beginning with the most recent experience.

Name, number and address of school	From	To	License or Certificate held (include type of service* and subject area)	Hours per day	Days per year	Name, address and title of supervisor

***TYPE OF SERVICE:**

- | | | | |
|--------------------------|-----------------------|-------------------------------|-----------------------|
| RA - regular appointed | AD - administrative | ES - evening school | CS - civil service |
| RS - regular substitute | SU - supervisory | SS - summer session | PR - practicum |
| LP - long term per diem | PA - paraprofessional | VS - voluntary unpaid service | ST - student teaching |
| OP - occasional per diem | SA - school aide | | |

17. EXPERIENCE OTHER THAN IN SCHOOLS

Include all employment whatever its nature for past ten years, beginning with the most recent employment.

Employer's name and address (State family relationship, if any.)	Capacity in which employed	From	To	Hours per week	Weeks per year
United Federation of Teachers 260 Park Avenue South, NY, NY	Counsel to Pres.	1986	Pres.	40	52
Cardozo School of Law 55 Fifth Avenue, NY, NY	Adjunct Professor	1986	1991	3	40
Cornell University/School of Industrial Relations, 7 Hanover Sq	Adjunct Professor	1990		6	12
		1983	1986	40	52
		1981	1982	20	52

18. PERIODS OF UNEMPLOYMENT

List dates of periods of unemployment for past ten years. None

PERIOD 1

FROM	TO

PERIOD 2

FROM	TO

PERIOD 3

FROM	TO

PERIOD 4

FROM	TO

PERIOD 5

FROM	TO

PERIOD 6

FROM	TO

19. ANSWER "YES" OR "NO" TO QUESTIONS 1 TO 10.

If your answer is YES, explain on the separate sheet provided. Include your name, social security number and the certificate for which you are making application on: your application for license, confidential attachment (if applicable), and the envelope in which the confidential attachment is placed.

	YES	NO
1. Have you ever been convicted of a crime (other than minor traffic violations)?	1.	
2. Are you currently under the jurisdiction of a court as a result of being a defendant in a criminal action?	2.	
3. Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	3.	
4. Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	4.	
5. Have you ever been disqualified for employment for any civil service position?	5.	
6. Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)?	6.	
7a. Have charges ever been preferred against you by an employer?	7a.	
b. Were the charges sustained?	7b.	
8. Have you ever resigned as an alternative to facing charges or dismissal?	8.	
9. Have you ever had a license or certificate denied or terminated by the Board of Examiners or the Board of Education because of unsatisfactory teaching, fingerprint or medical record?	9.	
10. Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record?	10.	

20. ATTESTATION

20a. I have read the eligibility requirements for this license/certificate for which I am filing this application. To the best of my knowledge and belief I now meet, or shall meet, the requirements by the appropriate date.

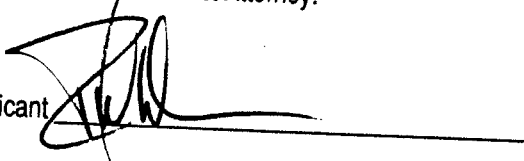
20b. I understand that if I am not State certified and I serve as an occasional per diem substitute for more than 40 days in one school year, I must reduce my educational deficiencies by completing at least six (6) credits prior to being considered for renewal of my certificate.

WARNING:

According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.

20c. I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

Signature of applicant



Date

9/28/91

It is the policy of the New York City Board of Education not to discriminate on the basis of race, color, creed, religion, national origin, age, handicapping condition, marital status, sexual orientation, or sex in its educational programs, activities, and employment policies, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 110 Livingston Street-Room 601, Brooklyn, New York 11201; or to the Director, Office of Civil Rights, U.S. Department of Education, 26 Federal Plaza, Room 33-130, New York, New York 10278.

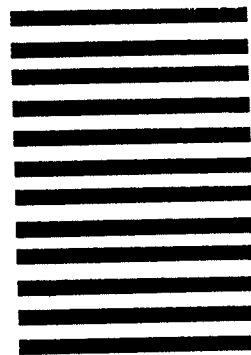


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 959 BROOKLYN, NY

POSTAGE WILL BE PAID BY ADDRESSEE

**New York City Public Schools
Office of Recruitment, Personnel Assessment and Licensing
65 Court Street
Brooklyn, NY 11201-9219**



----- FOLD ALONG THIS LINE

----- FOLD ALONG THIS LINE

DETACH FROM APPLICATION ALONG PREFORATION



APPLICATION FOR SALARY DIFFERENTIAL(S)

C2+PD+C6 eff 9/1/94

Filing Instructions: EMPLOYEES SHOULD NOT REFILE FOR SALARY DIFFERENTIALS WHICH WERE PREVIOUSLY GRANTED.

This application form is to be used by appointed and substitute Teachers, School Secretaries, School Psychologists, School Social Workers, Guidance Counselors and Laboratory Specialists to apply for all salary differentials not previously granted. This application should be completed in its entirety and filed with all required documentation attached immediately upon completing eligibility requirements. THE PENALTY FOR LATE FILING IS LOSS OF RETROACTIVITY AND A LATE EFFECTIVE DATE. Upon receipt of your application/documentation, an acknowledgement receipt will be mailed to you. Please retain it as evidence of filing.

Documentation: Original student transcripts (photocopies and grade cards are NOT acceptable) for all degrees and courses offered must be attached to the application form. If you are submitting excess credits beyond those required for the Baccalaureate or the Master's, you must attach an original letter from the REGISTRAR of the college/university, with the RAISED SEAL of the school, stating the exact number of credits which were required for the degree. A statement listing the *minimum requirements* will NOT be accepted. The original student transcripts should identify dates degrees were conferred. All courses offered for differentials must appear on the transcripts, with grades and semester hour credits.

Incomplete Applications Are Unacceptable: If all required information is not entered and/or all required documentation is not attached to the application it will be unacceptable. The acknowledgement of receipt will be stamped "APPLICATION RETURNED." In such cases you will receive a written statement explaining what is missing and you must complete the application and/or supply the missing documentation within forty-five (45) days from the date returned in order to be eligible for an effective date(s) commensurate with the original filing date. At the conclusion of the 45 day grace period, only those differential(s) for which a complete application/documentation was submitted will be processed. Differentials not completely applied for by that date will be rejected. Applicants may reapply with a new application/documentation, but the effective date will be based on date of such new submission.

NOTE: Whereas eligible employees have a three (3) month grace period from the effective date of original license/certificate, date of regular appointment or last day of semester (January 31, June 30 or August 31) to file complete application/documentation and be eligible for retroactive payment, they should file as early as possible. LATE APPLICATIONS WILL RECEIVE LATE EFFECTIVE DATES

SECTION A - PERSONAL INFORMATION

NAME (Last, First, Middle Initial) WEINGARTEN, RHONDA		MAIDEN NAME (or other name appearing on transcripts)	
SOCIAL SECURITY NUMBER	LICENSE UNDER WHICH PRESENTLY SERVING SOCIAL STUDIES - DHS	FILE NUMBER	
MAILING ADDRESS (Number, Street, Apt., etc.)			
City		State	Zip Code
SCHOOL/BUREAU Clara Barton High School		BOROUGH KINGS	DISTRICT 8.C.H.S.
STATUS (Check one and enter date where required)			
<input checked="" type="checkbox"/> Regularly appointed Date of Appointment 9/12/94	<input type="checkbox"/> Regular Substitute Date of license	<input type="checkbox"/> Per Diem Substitute Date of original certificate 9/28/94	<input type="checkbox"/> Currently on leave

SECTION B - DIFFERENTIAL INFORMATION

INSTRUCTIONS: Check the appropriate box(es) next to the Differential(s) you are presently applying for. Applicants should refer to their Union agreements, applicable Board of Education official circulars, and/or the *Bureau of Salary Differentials and Status* for details concerning the eligibility requirements for salary differentials. It is the responsibility of the applicants to identify each salary differential for which they are applying.

B-1: Salary Differentials (Check appropriate box(es))

<input checked="" type="checkbox"/> First (C2)	<input type="checkbox"/> School Secretary (60)	<input type="checkbox"/> School Social Worker	<input type="checkbox"/> VIF2 (Masters)	<input type="checkbox"/> VIF3 (Doctorate)
<input checked="" type="checkbox"/> Promotional (PD)	<input type="checkbox"/> School Secretary (90)	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> VIK2 (Masters)	<input type="checkbox"/> VIK3 (Doctorate)
<input type="checkbox"/> Intermediate (ID)	<input type="checkbox"/> Laboratory Specialist	<input type="checkbox"/> Guidance Counselor (VIH2)		
<input checked="" type="checkbox"/> Second (C6)	<input type="checkbox"/> Other (specify)			

B-2: Basis of Eligibility for Differential(s) Requested (check appropriate categories and enter data where required)

Baccalaureate Degree: B.Sc Date: 1-	<input type="checkbox"/> Baccalaureate plus 30 approved credits not required for baccalaureate.
School: Cornell University	<input checked="" type="checkbox"/> Baccalaureate plus 30 approved credits not required for baccalaureate with 36 credits in an approved Area of specialization.
Masters Degree: _____ Date: 1-	<input type="checkbox"/> Baccalaureate plus 60 approved credits not required for baccalaureate.
School: _____	<input type="checkbox"/> Baccalaureate plus Masters plus 30 approved credits not required for Masters and taken after Baccalaureate was conferred.
Doctorate Degree: J.D. Date: _____	<input checked="" type="checkbox"/> Other (specify) Bacc plus J.D with all credits needed in area of specialization
School: Cardozo School of Law	

SECTION C - OFFICIAL TRANSCRIPTS/EDUCATIONAL DOCUMENTATION INFORMATION

List below all educational institutions for which you are attaching original student transcripts and any other required documentation. Each college/university should be listed only once, except where different schools within a university are involved (i.e. undergraduate and graduate).

INSTITUTION	STATE	COMPLETE DATE	INSTITUTION	STATE	COMPLETE DATE
Cornell University	NY				
Cardozo Law School, Yeshiva Univ	NY				

RECEIVED
 DIVISION OF PERSONNEL
 SEP 1 1994

