

**THE NEW YORK CITY DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES  
65 COURT STREET  
BROOKLYN, NEW YORK 11201**

**PERSONNEL MEMORANDUM NO. 2, 2012-2013**

**TO:** All Superintendents, Executive Directors, Heads of Offices, Principals of All Day Schools, CFN Directors and CFN HR Directors

**FROM:** Lawrence E. Becker Lawrence  
Chief Executive Officer, Division of Human Resources

**SUBJECT:** SABBATICAL LEAVES OF ABSENCE FOR UNITED FEDERATION OF TEACHERS (UFT), COUNCIL OF SUPERVISORS AND ADMINISTRATORS (CSA) EFFECTIVE AUGUST 1, 2012 THROUGH JULY 31, 2013

**DATE:** June 22, 2012

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- I. GUIDELINES GOVERNING UFT SABBATICAL LEAVES OF ABSENCE FOR STUDY**
- II. CHANCELLOR'S REGULATION, C-650 for reference to SABBATICAL LEAVE OF ABSCENCE**

**DUE DATES FOR SABBATICAL APPLICATIONS FOR STUDY**

Pursuant to an Agreement between the UFT and DOE, Sabbaticals for Study will NOT be granted for the 2012-2013 school year. This applies to full and part year Sabbatical requests.

For pedagogical supervisors, who meet the eligibility requirements for a Study Sabbatical, the deadline for completed and fully executed applications by the Superintendent is close of business on Wednesday June 27, 2012.

**II. GUIDELINES GOVERNING UFT SABBATICAL FOR HEALTH**

**A. RESTORATION OF HEALTH SABBATICALS**

Applicants for Restoration of Health sabbaticals must file the application form in Attachments (#2 and #4) APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE -- and the Confidential Medical Report and Medical Evaluation (OP-407) any time a long-term illness causes the member to be absent from work. The application should be signed by the principal and filed with the HR Director of the Children's First Network (CFN). A Confidential Medical Report must be completed by the member's attending physician and either mailed or hand-carried to Leaves Administration Office at the Division of Human Resources, 65 Court Street, Room 406, Brooklyn, New York, 11201.

**B. HEALTH SABBATICAL LEAVES FOR SIX MONTHS**

Determination of HR Connect, Medical and the Leaves Administration Office is required for all sabbaticals for restoration of health. Teachers who have less than 14 years of service may be eligible for a special sabbatical leave for restoration of health after seven years of service on regular appointment. Special sabbatical leaves for restoration of health may be requested for a period of at least one month but less than six months under the following circumstances:

1. The applicant must meet all the eligibility criteria for a six-month sabbatical for restoration of health.
2. Applicants filing for a less than six months sabbatical must exhaust his/her cumulative absence Reserve (C.A.R.).
3. If the applicant is returning prior to the expiration of the sabbatical, he/she must receive medical clearance from HR Connect Medical Administration. The applicant will return to his/her assignment in the school as soon as possible, but in no event, later than the beginning of the next marking period following the date of return determined by HR Connect - Medical and Leaves

Administration.

4. The applicant will be deemed to have exhausted years of service for sabbatical eligibility based upon the following formula: Calendar Days of Leave X 7 Years Divided by 180.
5. Special sabbatical leaves for health of less than six months shall fall within the 5% quota for all sabbaticals.

### **C. RETURN FROM SABBATICAL PROVISION**

Effective for sabbatical leaves completed July 1995, the individual must satisfy one of the following commitments, or be liable for repayment of the salary for the sabbatical period to the Department of Education:

- After completion of a full year sabbatical leave, employees must return and perform a minimum of two (2) years of service in the New York City public school system.
- After completion of sabbaticals of six months, employees must return and perform a minimum of one (1) year of service in the New York City public school system.

#### Waivers

The provisions and obligations covering returns from sabbatical leave enumerated may be waived provided there are significant prolonged medical reasons preventing an individual from returning to work. Requests for such a waiver must be made in writing, accompanied by recent medical documentation and/or reports and submitted to: HR Connect, Medical and Leaves Administration Office, 65 Court Street, Brooklyn, New York 11201.

### **D. FILING INSTRUCTIONS**

An applicant for sabbatical leave for restoration of health must sign and date the statement in Attachments (2# and #4). One copy should be retained at the school and the original signed statement should be attached to the application before being forwarded to the CFN. Restoration of Health Sabbatical requests must include the Confidential Medical Report (OP-407) completed by the attending physician and sent directly to HR Connect, Medical and Leaves Administration Office, 65 Court Street, Brooklyn, New York 11201.

## **(III) GUIDELINES GOVERNING CSA SABBATICAL LEAVES OF ABSENCE**

### **A. ELIGIBILITY REQUIREMENTS**

1. Applicants must be regularly appointed or properly selected acting supervisors covered by the agreement with the Council of Supervisors and Administrators (CSA) who have completed probation or acquired tenure in the license under which serving currently or in a previous supervisory license.
2. Education Administrators are not eligible for sabbatical leave of absence.
3. Applicants must have completed probation, ten years service (and no more than 3 years of service may be as a substitute employee).

### **B. SABBATICAL LEAVE FOR STUDY**

Eligible supervisors may apply for one of the following Sabbatical Leaves for Study:

1. Course Study
2. Doctoral Studies
3. Educational Research Project

Sabbatical leaves for study may be taken for a period of six months. Applicants must attach to the sabbatical application (Attachment # 5) all appropriate documentation as outlined in Chancellor's Regulation C-650 and must take at least 8 credit hours of study.

Within the school system, no more than forty (40) supervisors covered by the agreement with the CSA may be on sabbatical leave during any given sabbatical period.

A six month sabbatical for study or restoration of health granted under the CSA agreement is compensated at the rate of 60% of salary.

### **C. RETURN FROM SABBATICAL LEAVE PROVISION**

A supervisor who is granted a sabbatical under the CSA agreement must remain as a supervisor in the New York City public school system for three years after return from leave. A supervisor who is granted a sabbatical leave under the CSA agreement may apply to be released from this obligation due to a serious illness or physical incapacity. Requests for such a waiver must be made in writing, accompanied by appropriate recent medical documentation and/or reports and submitted to: HR Connect, Leaves Administration Office, 65 Court Street, Room 406, Brooklyn, NY 11201.

### **D. SABBATICAL LEAVE FOR RESTORATION OF HEALTH**

Sabbatical leaves of absence for restoration of health for eligible supervisors require written approval of the School Medical Director. A Confidential Medical Report (OP 407) must be submitted to HR Connect - Medical Administration Office by the applicant's doctor. Applicants must meet eligibility requirements for health sabbaticals as outlined in Chancellor's Regulation C-650.

### **F. FILING INSTRUCTIONS**

Applicants covered by CSA who are requesting a sabbatical leave of absence for Study or for Restoration of Health must complete the Application for CSA Sabbatical Leave of Absence (Attachment #5). The completed, signed applications should be forwarded to the applicant's immediate supervisor for approval and then forwarded to the Division of Human Resources, Office of Supervisory Support Services, 65 Court Street, Room 405, Brooklyn, New York 11201.

Attachments



THE NEW YORK CITY DEPARTMENT OF EDUCATION  
HR CONNECT - LEAVES ADMINISTRATION OFFICE  
65 COURT STREET - ROOM 406  
BROOKLYN, NEW YORK 11201

APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE

I hereby apply for SABBATICAL LEAVE OF ABSENCE for the purpose and period indicated:

Purpose \_\_\_\_\_ From \_\_\_\_\_ Through \_\_\_\_\_

If applying for more than one purpose, I request that my application be processed in the order of priority indicated below:

(#\_\_\_\_\_) Restoration of Health

Name and Home Address of Applicant: \_\_\_\_\_ File No. \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

LAST NAME, FIRST NAME

School \_\_\_\_\_ CFN \_\_\_\_\_

\_\_\_\_\_ License \_\_\_\_\_

STREET

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
CITY, STATE ZIP AREA CODE HOME PHONE NUMBER

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Certification by Applicant: In consideration of the grant of sabbatical leave for the purpose and period indicated, I hereby agree to deduction from my salary of the sabbatical rate prescribed by regulations for the period of such leave. I hereby signify my understanding that while I am on sabbatical leave, I may not engage in gainful employment or occupation nor may I study for another trade or profession. I understand that sabbatical leave time is not creditable toward completion of probation. I also have completed and attached "Statement by Applicant" (Attachment 4).

Date Signed \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Certification by Principal or Unit Head: The foregoing application was received no later than the due date established for sabbaticals beginning on the date shown.

Date Signed \_\_\_\_\_ Signature of Principal \_\_\_\_\_  
(If other, give title)

Certification by Superintendent or Executive Director: The foregoing application has been reviewed and is forwarded for verification of eligibility.

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

**Note: Final determination of application is not complete until administrative review of eligibility is completed by the Medical and Leaves Administration Office.**



Attachment #4  
THE NEW YORK CITY DEPARTMENT OF EDUCATION  
HR CONNECT - LEAVES ADMINISTRATION OFFICE  
65 COURT STREET - ROOM 406  
BROOKLYN, NEW YORK 11201

STATEMENT BY APPLICANT FOR UFT SABBATICAL LEAVE OF ABSENCE

Pursuant to Article 16B of the Agreement, I understand that sabbatical leaves of one year shall be conditional upon the employee returning to the New York City public school system for two (2) years of active service. I further understand that my failure to comply with these return provisions will make me liable to the New York City Department of Education for the salary that I received during my sabbatical period.

Sabbatical leaves of six months or less shall be conditional upon the employee returning to the New York City public school system for one (1) year. I further understand that my failure to comply with these return provisions will make me liable to the New York City Department of Education for the salary that I received during my sabbatical period.

If an employee is unable to return from a sabbatical, or is unable to complete the applicable service requirement on return from a sabbatical due to a medical incapacity which has developed since the commencement of the sabbatical, such employee may apply for an exception to this return provision. Such hardships shall be reviewed and approved or disapproved by the Leaves and Medical Administration Offices on a case-by-case basis. Such requests must be submitted to:

The New York City Department of Education  
HR Connect – Leaves Administration Office  
Attention: Waiver of Sabbatical Return  
65 Court Street,  
Brooklyn, New York 11201

If the Department of Education terminates my services prior to my satisfying the applicable return provision, the requirement for any refund shall be eliminated.

NAME: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
(PRINT)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_