THE New York City DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
65 COURT STREET
BROOKLYN, NEW YORK 11201

PERSONNEL MEMORANDUM NO. 7, 2012-2013

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

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

SUBJECT: SABBATICAL LEAVES OF ABSENCE FOR UNITED FEDERATION OF TEACHERS (UFT) and COUNCIL OF SUPERVISORS AND ADMINISTRATORS (CSA) - EFFECTIVE AUGUST 1, 2013 THROUGH JULY 31, 2014

DATE: February 14, 2013

I. TIMELINE FOR SABBATICAL LEAVE OF ABSENCE FOR STUDY

II. GENERAL GUIDELINES AND ELIGIBILITY REQUIREMENTS FOR STUDY

III. GUIDELINES GOVERNING SABBATICAL FOR RESTORATION OF HEALTH

IV. GUIDELINES GOVERNING CSA SABBATICAL LEAVE OF ABSENCE

V. CONTACT INFORMATION AND GENERAL INFORMATION

I. TIMELINE FOR SABBATICAL LEAVE OF ABSENCE FOR STUDY (DUE DATES FOR SABBATICAL APPLICATIONS FOR STUDY)

****Note: Final determination of whether a sabbatical will be granted will not be determined until an administrative review of eligibility is completed by the Medical, Leaves and Records Administration. Approval by a Principal or Superintendent is not a final determination.**

Full Year (2013-2014) Sabbaticals (16 Credits Required) Application Dates:

February 26, 2013	Final date for applicants to submit applications to Principals.
March 6, 2013	Final date for Principals to submit all applications to their Superintendent.
March 15, 2013	Final date for Superintendent to inform applicant if (a) coursework is not rigorous and job-related and/or (b) taking of the sabbatical will create a hardship for the school. The Superintendent should fax the entitled "DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE- COURSEWORK OR PROJECT FAILS CRITERIA" to the school on the day the form is dated, to ensure that the staff member has a week to seek new courses or rewrite the project. All approved applications must be submitted to HR Connect – Medical Leaves & Records Administration.
April 3, 2013	Final date for applicant to resubmit coursework to Superintendent, if applicable.
April 10, 2013	If applicable, Superintendent informs staff member that resubmitted coursework is not rigorous, job-related or if taking the sabbatical will cause a hardship.

April 17, 2013	All applications, approved or denied, must be forwarded for review of eligibility to HR Connect –Medical, Leaves & Records Administration.

Spring 2014 Sabbaticals (Eight Credits Required) Application Dates:

October 3, 2013	Final date for applicants to submit applications to Principals.
October 11, 2013	Final date for Principals to submit all applications to their Superintendent.
October 25, 2013	Final date for Superintendent to inform applicant if (a) coursework is not rigorous and job-related and/or (b) taking of the sabbatical will create a hardship for the school. The Superintendent should fax the entitled "DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE- COURSEWORK OR PROJECT FAILS CRITERIA" to the school on the day the form is dated, to ensure that the staff member has a week to seek new courses or rewrite the project. All approved applications must be submitted to HR Connect – Medical Leaves & Records Administration.
November 4, 2013	Final date for applicant resubmits coursework to Superintendent, if applicable.
November 18, 2013	If applicable, Superintendent informs staff member that resubmitted coursework is not rigorous, job-related or if taking the sabbatical will cause a hardship.
November 25, 2013	All applications, approved or denied, must be forwarded for review of eligibility to HR Connect –Medical, Leaves & Records Administration.

****Note: Final determination of whether a sabbatical will be granted will not be determined until an administrative review of eligibility is completed by the Medical, Leaves and Records Administration. Approval by a Principal or Superintendent is not a final determination.**

II. GENERAL GUIDELINES AND ELIGIBILITY REQUIREMENTS

A. REGULAR SABBATICAL LEAVE FOR STUDY

- Teachers who are regularly appointed will be eligible to request a sabbatical leave for study after each 14 years of service. The first 14 years of service may include a maximum of three years of substitute service for which salary credit was granted.

- Teachers with seven (7) years of appointed service are eligible to request a six (6) month sabbatical. Substitute service cannot be used.

- Elementary school teachers are not eligible for six month study sabbatical. Non-classroom teachers are not eligible for six month study sabbatical.

- All courses for study sabbatical and the project selected for the educational research project must be job-related courses. In addition, the project must be significantly rigorous and must have evident links that translate into improved instructional delivery of content to students. Elementary school teachers must include courses or complete a project that promotes growth in a range of potential assignments, except where the Superintendent determines that a concentrated program of study or project is appropriate. Programs or projects devoted exclusively to literacy are acceptable for all elementary school teachers.

- Courses taken in a foreign country must be at a college or university that is accredited in that country and must be courses that are approved by the New York State Education Department (SED). The applicant must include evidence of accreditation with his/her sabbatical application.

- Course descriptions of all sabbatical coursework or the project must be attached to the application, including the number of credits awarded for each course.

- **On-line and weekend courses are not acceptable. The majority of courses in each semester must be taken during normal Department of Education school hours when staff member would otherwise be on duty.**

- The Superintendent will review the course-work or project submitted to determine whether it is rigorous, and job-related based upon the above criteria. If the Superintendent determines that the coursework or project fails the criteria, the Superintendent should use the attached form to reject the coursework and recommend changes. The applicant will then have one (1) week to resubmit the coursework or project. If the coursework or project is still not acceptable to the Superintendent, the Superintendent should deny the application and forward it to HR Connect – Medical, Leaves & Records Administration.

- Changes to approved course work must be requested and approved by the Superintendent on the Change of Approved Coursework Form (*Attachment #7*). The superintendent must review and make a determination.

- Sabbaticals will not be granted if they cause a hardship in any department or subject area. The Superintendent will consult with the appropriate Human Resources Director at the Children's First Network ("CFN") to determine whether the particular school will be able to find a replacement for the staff member taking the sabbatical. If the Superintendent determines that it is unlikely that the school will find a replacement, the sabbatical should be conditionally denied using the attached form (*Attachment# 6*). <u>The school should continue to search for a replacement for the staff member even after the sabbatical has been denied. In order to facilitate this search, the Superintendent should forward a copy of the hardship denial form (*Attachment #6)* to the Human Resources Director at the CFN.</u>

  In the event that the school finds a replacement, the staff member shall be informed and given the opportunity to register for the same or substantially similar courses. Any course must still be job-related and rigorous.

- The sabbatical cap is 5% of the eligible faculty of any school or organizational unit and includes all sabbatical leaves, except special study sabbatical leaves to achieve state certification.

- School Secretaries, Laboratory Specialists and Technicians hired **before** July 1, 1985 are eligible for study <u>and</u> health sabbatical leaves. However, School Secretaries, Laboratory Specialists and Technicians hired **on or after** July 1, 1985 are eligible <u>only</u> for health sabbaticals (effective September 1, 2007).

- A teacher who has rescinded his/her resignation or retirement must provide at least three (3) years of service between the date of reinstatement from a resignation or retirement and the initial date of a subsequent sabbatical leave.

B. OTHER TYPES OF SABBATICAL LEAVES FOR STUDY

1. SPECIAL STUDY SABBATICALS TO ACHIEVE STATE CERTIFICATION

Teachers who are regularly appointed may apply for a special one year or six month sabbatical leave of absence for study to meet certification requirements for a license designated as a shortage area license.

<u>Eligibility</u>

Any applicant applying for the special study sabbatical must meet all other requirements for State Certification – the only outstanding requirement must be the remaining 16 credits (or fewer) required to achieve state certification. However, a minimum of eight (8) credits are required for a six (6) month sabbatical and a minimum of sixteen (16) credits are required for a one (1) year sabbatical (the list of current shortage areas is below).

<u>SHORTAGE LICENSE AREAS</u>

Special sabbatical leave for study may be granted to complete certification in one of the following shortage license areas:

- Special Education – Monolingual and Bilingual
- Speech Improvement – Monolingual and Bilingual
- Deaf & Hard of Hearing – Monolingual and Bilingual
- Limited Vision - Monolingual and Bilingual
- English as a Second Language – Elementary and Secondary
- Bilingual Extension
- Spanish – Junior High & High School
- Mathematics – Junior High & High Schools
- General Science – Junior High Schools
- Chemistry and General Science – High Schools
- Earth Science and General Science – High Schools
- Biology and General Science – High Schools
- Physics and General Science – High Schools
- Nursing – High Schools

Application Requirements for Special Study Sabbaticals to Achieve Certification

Applicants will be required to provide a letter from the college or university that they are attending, or a statement from the New York State Education Department (SED) confirming that they have met all other requirements *except the remaining 16 or fewer academic credits needed to achieve certification*. The applicant also must submit the completed Application for Special Study Sabbaticals to Achieve Certification (*Attachment #9*). Individuals awarded special study sabbaticals will be required to submit their documented proof of enrollment in an appropriate academic program at an accredited college or university. Documentation must be submitted prior to the commencement date of the sabbatical, confirming that the employee has registered for 16 credits for the entire school year or eight (8) credits for a semester.

Other Provisions for Special Study Sabbaticals

- An individual who receives this special sabbatical leave of absence for study will commit to completing New York State Certification requirement and will accept an assignment to teach in the license area within the NYC Department of Education for a minimum of two (2) years.

- Special study sabbatical leaves are not subject to the 5% percent cap, but will count in determining eligibility for any future sabbatical.

- For State Certification in Mathematics, all coursework must relate to mathematics and mathematics instruction. For example, courses such as Understanding Numeracy, Problem Solving Techniques for Math Students, Math Analysis, Algebra or Statistics would relate to mathematics and mathematics instruction.

- The substitute service creditable toward sabbatical leave eligibility may be applied to a twelve month special sabbatical leave of absence for study. In addition, such substitute service, if otherwise creditable toward sabbatical leave eligibility, shall not be lost or diminished as a result of taking a six month special sabbatical leave of absence for study.

Tuition Forgiveness

The Department is reviewing funding sources for possible future tuition reimbursement. Should funds become available, it is anticipated that priority would be given to applicants in shortage license areas.

Division of Human Resources and Talent's Role in the Special Study Sabbatical Process

The Division of Human Resources and Talent (DHRT) will review applications and accompanying college or SED documentation submitted. Applicants' service records will be reviewed to determine if they possess sufficient time to be

eligible for sabbatical, that the applicant has met all requirements *except* the 16 academic credits or less and that the study is in an area of license shortage.

2. EDUCATIONAL RESEARCH PROJECT

For either a six month or twelve month sabbatical for educational research, the employee must prepare and complete a research project in education that must be job-related, as set forth in Section I-A.

The applicant must attach to each copy of the application:

- A copy of the proposed scope and subject of the research project, along with a proposed outline of procedures that will be followed and activities undertaken toward completion of the project.
- Separate approvals by the Principal and the Superintendent, in writing, that the research project is rigorous, educationally sound and job-related.

After the project has been completed, the employee must file a copy of the completed product of the research (e.g., research paper, book, film/video production, etc.) with the Principal, the Superintendent and HR Connect-Medical, Leaves and Records Administration.

3. ONE YEAR STUDY SABBATICAL FOR PARTICIPATION IN THE "CONSTITUTION WORKS" PROGRAM

A one year sabbatical leave spent as an Education Administrative Staff Associate at The Constitution Works of New York City is the equivalent of a one year study sabbatical spent at a college or university. The Constitution Works, located at Federal Hall National Memorial in lower Manhattan, is an educational program in American history and government that prepares young people from schools throughout New York City to exercise their responsibilities and rights as citizens.

The program will accept one sabbatical applicant from the New York City public schools for the August 1, 2013 through July 31, 2014 sabbatical period. The candidate selected will receive training and participate as a full-time Education Administrative Staff Associate, conducting teacher workshops and student role-plays, managing a field test of a new curriculum unit and assisting with a variety of educational and administrative duties. The program combines elements of museum education and classroom teaching and serves teachers and students in grades five through twelve.

Interested applicants must apply in writing to The Constitution Works program, as well as apply to the New York City Department of Education for a one year study sabbatical. For further information, contact the program at (212) 785-1989. Applications are subject to timelines and criteria of this program.

C. RETURN FROM SABBATICAL LEAVE FOR STUDY REQUIREMENTS

All individuals must satisfy the following commitments, as applicable, 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 NYC Department of Education.

• After completion of sabbaticals of six months, employees must return and perform a minimum of one (1) year of service in the NYC Department of Education.

• An individual who receives the special sabbatical leave of absence for study will commit to completing certification requirements and will accept an assignment to teach in the license area for a minimum of two (2) years in the NYC Department of Education.

• Upon completion of the sabbatical, the transcript or research project must be submitted to the Principal, Superintendent and HR Connect-Medical, Leaves & Records Administration.

****Failure to submit a transcript or research project may result in the leave being denied retroactively, and subsequent repayment of salary.**

Waivers

Employees unable to return to work due to a medical incapacity, which developed after the commencement of the sabbatical, may apply for a waiver of sabbatical return. Waivers shall be reviewed by HR Connect – Medical Leaves & Records Administration on a case-by-case basis.

D. FILING INSTRUCTIONS

For Applicants: Applicants for sabbatical leave for study must sign and date the "Statement by Applicant for UFT Sabbatical Leave of Absence (*Attachment #9*). One copy should be retained at the school and the original signed statement should be attached to the application before being forwarded to the Superintendent.

For Principals: Principals should complete the UFT Sabbatical Application Review Form (*Attachment #3*), and forward to the Superintendent for signature. School Based Support Team Staff in the high schools and community school districts (e.g., School Psychologists, Social Workers, etc.) are listed separately from the regular staff on the UFT Sabbatical Application Review Form.

For Superintendents: After completing the review of sabbatical applications, Superintendents should forward all applications along with the sabbatical application review form to HR Connect – Medical Leaves & Records Administration.

E. CALCULATION OF 5% CAP ON SABBATICALS

DHRT will review applications for compliance with the contractual 5% sabbatical cap and will complete the Sabbatical Application Review Form to include with applications forwarded to the Division of Human Resources. and Talent. Applications should also be included for those persons whose applications exceed the 5% percent cap of sabbaticals permitted.

To determine the total number of appointed staff to be utilized in calculating the 5% cap, all active teachers, including those currently on paid leaves of absence, are included. School Secretaries, Laboratory Specialists and Technicians appointed on or after July 1, 1985 are not included in the total number of staff for this purpose.

The sabbatical cap for Teachers of Speech Improvement is to be computed by using the total number of Teachers of Speech Improvement in each high school district.

F. HARDSHIP PROVISION

Where the granting of a sabbatical leave for study would cause a hardship, the application should be denied (*Attachment #6*).

III. GUIDELINES GOVERNING UFT SABBATICAL FOR RESTORATION OF HEALTH

A. RESTORATION OF HEALTH SABBATICALS

Applicants for Restoration of Health sabbaticals must file the "Application for UFT Sabbatical Leave of Absence" (*Attachment #1*) and the "Confidential Medical Report and Medical Evaluation" (OP-407).

The application should be signed by the Principal and the Superintendent. The OP-407 must be completed by the member's attending physician. Both forms must either be mailed or hand-carried to HR Connect - Medical, Leaves & Records Administration.

B. RESTORATION OF HEALTH SABBATICAL LEAVES - SIX MONTHS

Approval by HR Connect- Medical, Leaves and Records Administration is required for all Sabbaticals for Restoration of Health. Teachers who have fewer than 14 years of service may be eligible for a special sabbatical leave for Restoration of Health after seven years of service under regular appointment.

Special sabbatical leaves for Restoration of Health may be requested for a period of at least one month but fewer than six months if:

1. The applicant must meet all the eligibility criteria for a six-month sabbatical for Restoration of Health.
2. Applicants filing for a fewer 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, Leaves and Records Administration. The applicant will return to his/her assignment in the school as soon as possible, but no later than the beginning of the next marking period following the date of return determined by HR Connect – Medical, Leaves & Records Administration.
4. After the sabbatical, 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.
4. Special sabbatical leaves for Restoration of Health of fewer than six months shall fall within the 5% quota for all sabbaticals.

C. RETURN FROM SABBATICAL REQUIREMENTS

Effective for sabbatical leaves completed after 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 NYC Department of Education.

• After completion of sabbaticals of six months, employees must return and perform a minimum of one (1) year of service in the NYC Department of Education.

Waivers

The enumerated provisions and obligations covering returns from sabbatical leave 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, Leaves & Records Administration.

D. FILING INSTRUCTIONS

An applicant for sabbatical leave for Restoration of Health must sign and date the "Statement by Applicant for UFT Sabbatical Leave of Absence (*Attachment #9*). One copy should be retained at the school and the original signed statement should be attached to the application before being forwarded to the Superintendent.

In addition, Restoration of Health Sabbatical requests must include the "Confidential Medical Report and Medical Evaluation" (OP-407), completed by the applicant's attending physician and sent directly to HR Connect-Medical, Leaves & Records Administration.

IV. GUIDELINES GOVERNING CSA SABBATICAL LEAVES OF ABSENCE

A. ELIGIBILITY REQUIREMENTS

- 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 they are serving currently or in a previous supervisory license.

- Education Administrators are not eligible for sabbatical leave of absence.

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 (6) months. Applicants must attach all supporting documentation to the sabbatical application.

Within the NYC Department of Education, 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 (6) 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 STUDY SABBATICAL LEAVE PROVISION

A supervisor who is granted a study sabbatical under the CSA Agreement must remain as a supervisor in the NYC Department of Education for three (3) years after return from leave.

A supervisor who is granted a study sabbatical leave under the CSA Agreement may apply to be released from this three year obligation if a serious illness or physical incapacity occurs. Requests for such a waiver must be made in writing, accompanied by appropriate recent medical documentation and submitted to HR Connect-Medical, Leaves and Records Administration.

D. SABBATICAL LEAVE FOR RESTORATION OF HEALTH

Sabbatical leaves of absence for restoration of health for eligible supervisors require written approval by a DOE School Medical Inspector. A Confidential Medical Report (OP-407) must be submitted to HR Connect – Medical, Leaves & Records Administration by the applicant's physician. Applicants must meet eligibility requirements for health sabbaticals.

E. FILING INSTRUCTIONS

Applicants 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 #2*). The completed, signed applications should be forwarded to the applicant's immediate supervisor for approval and then forwarded HR Connect – Medical, Leaves & Records Administration.

V. CONTACT INFORMATION AND GENERAL INFORMATION

A. CHANCELLOR'S REGULATION C-650

Chancellor's Regulation C-650 sets forth the rules governing sabbatical leave of absence applicable to all pedagogical personnel covered by the agreements between the Board of Education and the United Federation of Teachers and the Council of Supervisors and Administrators.

B. CONTACT INFORMATION

All questions regarding sabbaticals should be directed to HR Connect –at 718-935-4000.

All applications and supporting documents should be sent to:

For UFT Members:
HR Connect – Medical, Leaves & Records Administration
NYC Department of Education
65 Court Street, Room 201
Brooklyn, NY 11201

For CSA Members:
Office of Supervisory Support Services
NYC Department of Education
65 Court Street, Room 405
Brooklyn, NY 11201

C. ATTACHMENTS

The following attachments are included in this memo:

Attachment #1:	Application for UFT Sabbatical Leave of Absence
Attachment #2:	Application for CSA Sabbatical Leave of Absence
Attachment #3:	UFT Sabbatical Application Review Form
Attachment #4:	Denial of Application for UFT Sabbatical Leave of Absence Coursework or Project Fails Criteria
Attachment #5:	Denial of Application for UFT Sabbatical Leave of Absence – Hardship
Attachment #6:	Denial of Re-Application for UFT Sabbatical Leave of Absence
Attachment #7:	Change of Approved Coursework for Study Sabbatical
Attachment #8:	Application for Special Study Sabbatical to Achieve Certification
Attachment #9:	Statement by Applicant for UFT Sabbatical Leave of Absence
Attachment #10:	Denial of Application for CSA Sabbatical Leave of Absence Coursework or Project Fails Criteria
Attachment #11:	Denial of Re-Application for CSA Sabbatical Leave of Absence

Attachment #1

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT – MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - 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 (#_____) Study/Independent Study (#_____) Study

****

Applicant Information:

Last Name_____First Name_____

Street_____City_____State_____ Zip_____

Social Security # _____ EIS #_____

Email Address_____Phone # (_____) _____-_____

CFN_____District_____Borough_____School_____

Current License_____Current Assignment_____

****

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 9).
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. If for study, the prescribed study plan has been approved by me and the submissions required upon completion of the sabbatical leave will be checked to ensure compliance with requirements. It is understood that approval is subject to the 5% school quota limit or hardship provisions.

Date Signed_____ Signature_____

Title_____

Note: Final approval of application is not complete until administrative review of eligibility is completed by the HR Connect - Medical, Leaves and Records Administration Office.

Attachment #2

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
OFFICE OF SUPERVISORY SUPPORT SERVICES
65 COURT STREET - ROOM 405 - BROOKLYN, NEW YORK 11201

APPLICATION FOR CSA SABBATICAL LEAVE OF ABSENCE
(For Restoration of Health or Study Purposes Only)

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

Purpose_____ From_____Through_____

IF FOR STUDY, PLEASE SPECIFY TYPE:

_____ COURSE STUDY _____ DOCTORAL _____ RESEARCH PROJECT

****

Applicant Information:

Last Name_____First Name_____EIS No._____

Address_____City_____State_____Zip_____

License Area_____Phone No.(_____)_____

****

Certification by Applicant: In consideration of the grant of sabbatical leave for the purpose and period indicated, I hereby agree to deductions from my salary at 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 also signify my understanding that if I am granted a sabbatical leave for study under the CSA agreement, I must remain in the New York City public school system** for three years after return from the leave unless released from this obligation on account of prolonged, serious illness or physical incapacity.

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.

Signature of Principal _____ Date Signed_____
(If other, give title)

****

Certification by the Superintendent or Executive Director: The foregoing application has been reviewed and is being forwarded for verification of eligibility. If for study, the prescribed study plan has been approved by me and the submissions required upon completion of the sabbatical leave will be checked to ensure compliance with requirements.

Signature_____ Date Signed_____

Title_____

****

For Division of Human Resources Use Only

APPROVED_____ DISAPPROVED_____

REASON FOR DISAPPROVAL:_____

Note: Final approval of application is not complete until administrative review of eligibility is completed by the Division of Human Resources and Talent.

Attachment #3

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT- MEDICAL, LEAVES AND RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - BROOKLYN, NEW YORK 11201

UFT SABBATICAL APPLICATION REVIEW FORM

CFN_____District_____Borough_____School _____

NAME OF SCHOOL: _____

TOTAL NUMBER OF APPLICATIONS BEING SUBMITTED:_____

LISTED BELOW IS THE INFORMATION FOR EACH SABBATICAL APPLICATION BEING SUBMITTED. PLEASE ALSO INDICATE THE SABBATICAL RECOMMENDATION.

APPLICANT'S NAME	LICENSE AREA	EIS#	REQUEST TO DENY DUE TO HARDSHIP

_____ _____
SIGNATURE OF PRINCIPAL DATE

PLEASE SEND THIS FORM TO THE SUPERINTENDENT

_____ _____
SIGNATURE OF SUPERINTENDENT DATE

Please forward this form to the HR Connect-Medical, Leaves and Records Administration Office, 65 Court Street – Room 201, Brooklyn, NY 11201

Attachment #4

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT – MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - BROOKLYN, NEW YORK 11201

DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE COURSEWORK OR PROJECT FAILS CRITERIA

DATE: _____

FALL 2013:_____

SPRING 2014:_____

NAME_____EIS #_____

LICENSE_____

CFN_____DISTRICT_____ BORO_____ SCHOOL_____

Dear Applicant:

The Study Plan you submitted with your application for a Sabbatical Leave of Absence is denied for failure to meet rigorous and or job-related criteria established by the Chancellor. Please make the following changes:

If you would like to resubmit course-work or the project for reconsideration of this sabbatical, please ensure that the information is forwarded to my office by the close of business one week from the date of this letter.

_____ _____
Print Name Signature of Superintendent

Attachment #5

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT – MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - BROOKLYN, NEW YORK 11201

DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE – HARDSHIP

DATE:_____

FALL 2013:_____

SPRING 2014:_____

NAME_____ EIS NO._____

LICENSE_____

CFN_____DISTRICT_____ BOROUGH_____ SCHOOL_____

Dear Applicant:

While the study plan for your sabbatical application meets the requirements, the taking of the sabbatical will cause a hardship in your school as a result of anticipated need for certified staff. As a result, your sabbatical has been denied.

However, your school will continue to search for a replacement. If one is found, (subject to verification of service eligibility and adherence to the 5% cap) you will be informed and given the opportunity to register.

_____

Print Name Signature of Superintendent

Attachment #6

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT – MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - BROOKLYN, NEW YORK 11201

DENIAL OF RE-APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE

DATE:_____

FALL 2013:_____

SPRING 2014:_____

NAME_____ FILE NO._____

LICENSE_____

CFN_____DISTRICT._____ BOROUGH_____ SCHOOL_____

Dear Applicant:

Upon review of your resubmitted coursework or project, I conclude that your Sabbatical Leave of Absence is denied for failure to meet rigorous and or job-related criteria established by the Chancellor (details below):

____ Check here if taking of sabbatical would also cause a hardship to the school.

_____ _____
Print Name Signature of Superintendent

Attachment #7

THE NEW YORK CITY DEPARTMENT OF EDUCATION
HR CONNECT – MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - BROOKLYN, NEW YORK 11201

CHANGE OF APPROVED COURSEWORK FOR STUDY SABBATICAL
Addendum to Application

Last Name: _____First Name: _____ EIS#: _____

School Name: _____CFN_____District_____Borough_____School_____

SABBATICAL PERIOD: From_____ Through_____

APPROVED COURSES

Fall 2013 - College/University	Title of Courses	Course #	# of Credits
Spring 2014 -College/University	**Title of Courses**	**Course #**	**# of Credits**

NEW COURSES

College/University	Fall Term	Spring Term	Title of Courses	Course #	# of Credits

C**ertification by the Superintendent or Executive Director:** The prescribed study plan has been approved by me and the submissions required upon completion of the sabbatical leave will be checked to ensure compliance with requirements.

Signature: _____Title:_____Date:_____
Note: Please attach a copy of course description for the new courses added above.

Attachment #8

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT –MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - BROOKLYN, NEW YORK 11201

APPLICATION FOR SPECIAL STUDY SABBATICAL TO ACHIEVE CERTIFICATION

I hereby apply for SPECIAL STUDY SABBATICAL LEAVE OF ABSENCE for the following purpose and time period:

[ ] Study for Certification in Shortage License Area
[ ] Study for Certification in Current Assignment Area

Proposed Period of Sabbatical: From_____ Through_____

****

Applicant Information:

Last Name_____First Name_____

Street_____City_____State_____ Zip_____

Social Security # _____ EIS #_____

Email Address_____Phone # (_____) _____-_____

CFN_____District_____Borough_____School_____

Current License_____Current Assignment_____

Area of Proposed Certification_____

****

Certification by Applicant: In consideration of the grant of Special Study Sabbatical Leave of Absence for the period indicated, I hereby agree to deduction from my salary of the sabbatical rate prescribed by regulations for the period of such leave. Prior to the commencement date of the sabbatical, I will submit to the Human Resources Director of my CFN proof of enrollment in an appropriate academic program. The program will be at an accredited college or university approved by the New York State Education Department, confirming that I have registered for the required number of credits for certification. 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 I am committed to completing certification requirements, returning immediately upon the end of the sabbatical period to be assigned to teach in the license area for a minimum of two years. I understand that sabbatical leave time is not creditable toward completion of probation.

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. I have approved the prescribed study plan and the submissions required upon completion of the sabbatical leave will be checked to ensure compliance with requirements.

Date Signed_____ Signature _____
Title _____

Attachment #9

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES AND TALENT
HR CONNECT – MEDICAL, LEAVES & RECORDS ADMINISTRATION
65 COURT STREET - ROOM 201 - 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 Medical Leaves and Records Administration on a case-by-case basis. Such requests must be submitted to:

The New York City Department of Education
HR Connect –Medical, Leaves & Records Administration
Attention: Waiver of Sabbatical Return
65 Court Street, Room 201
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.

PRINT NAME:_____EIS #:_____

SIGNATURE OF APPLICANT:_____ DATE:_____

Attachment #10

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES & TALENT
OFFICE OF SUPERVISORY SUPPORT SERVICES
65 COURT STREET - ROOM 405 - BROOKLYN, NEW YORK 11201

DENIAL OF APPLICATION FOR CSA SABBATICAL LEAVE OF ABSENCE COURSEWORK OR PROJECT FAILS CRITERIA

DATE: _____

FALL 2013:_____

SPRING 2014:_____

NAME_____EIS #_____

LICENSE_____

CFN_____DISTRICT_____ BORO_____ SCHOOL_____

Dear Applicant:

The Study Plan you submitted with your application for a Sabbatical Leave of Absence is denied for failure to meet rigorous and or job-related criteria established by the Chancellor. Please make the following changes:

If you would like to resubmit coursework or the project for reconsideration of this sabbatical, please ensure that the information is forwarded to my office by the close of business one week from the date of this letter.

_____ _____

Print Name Signature of Superintendent

Attachment #11

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES & TALENT
OFFICE OF SUPERVISORY SUPPORT SERVICES
65 COURT STREET - ROOM 405 - BROOKLYN, NEW YORK 11201

DENIAL OF RE-APPLICATION FOR CSA SABBATICAL LEAVE OF ABSENCE

DATE:_____

FALL 2013:_____

SPRING 2014:_____

NAME_____ FILE NO._____

LICENSE_____

CFN_____DISTRICT._____ BOROUGH_____ SCHOOL_____

Dear Applicant:

Upon review of your resubmitted coursework or project, I conclude that your Sabbatical Leave of Absence is denied for failure to meet rigorous and or job-related criteria established by the Chancellor (details below):

____ Check here if taking of sabbatical would also cause a hardship to the school.

_____ _____
Print Name Signature of Superintendent

Note: Final approval of application is not complete until administrative review of eligibility is completed by the Medical, Leaves & Records Administration Office.