

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES
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

Employee Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ EIS No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License Area \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Certification by Employee: 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 or health 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 Employee \_\_\_\_\_

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