

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

CHANGE OF APPROVED COURSE WORK FOR STUDY SABBATICAL

Addendum to Application

Name: _____

File #: _____

School: _____

CFN/District: _____

SABBATICAL PERIOD: _____

APPROVED COURSES

Fall Term College	Title of Courses	Course #	# of Credits

Spring Term College	Title of Courses	Course #	# of Credits

NEW COURSES

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

Certification 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: _____

Date: _____

Title: _____

Note: Please attach a copy of course descriptions for the new courses.