PERSONNEL MEMORANDUM NO. 3, 2010-2011

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

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

SUBJECT: SABBATICAL LEAVES OF ABSENCE FOR UNITED FEDERATION OF TEACHERS (UFT), COUNCIL OF SUPERVISORS AND ADMINISTRATORS (CSA) EFFECTIVE AUGUST 1, 2011 THROUGH JULY 31, 2012

DATE: February 16, 2011

I. GUIDELINES GOVERNING UFT SABBATICAL LEAVES OF ABSENCE FOR STUDY

II. CHANCELLOR’S REGULATION, C-650 for reference to SABBATICAL LEAVE OF ABSENCE

DUE DATES FOR SABBATICAL APPLICATIONS FOR STUDY

Full Year: 2011-2012 Sabbaticals (16 Credits Required) are due as follows:

MARCH 11, 2011 Applicants must submit applications to Principals by this date

MARCH 18, 2011 Principals must submit all applications to their Superintendent by this date

MARCH 25, 2011 Superintendent informs staff member if coursework is not job-related or taking of a sabbatical will create a hardship in the school by this date. Superintendent should fax the attached form entitled “DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE-COURSEWORK OR PROJECT FAILS CRITERIA” to the school on the day s/he dates it to ensure that the staff member has a week to look for new courses or rewrite the project. All approved applications must be submitted to HR Connect – Leaves Administration Office (LAO)

APRIL 4, 2011 Staff member resubmits coursework to Superintendent, if applicable

APRIL 15, 2011 All applications, approved or denied, must be sent for review of eligibility to HR Connect - Leaves Administration Office

APRIL 15, 2011 If applicable, Superintendent informs staff member that resubmitted coursework is not job related or taking the sabbatical will cause a hardship- Final denial of application

Note: Final determination of application is not complete until administrative review of eligibility is completed by the Leaves Administration Office.
SPRING 2012 Sabbaticals (Eight Credits Required) are due as follows:

OCTOBER 4, 2011  Applicant submits application to Principals by this date

OCTOBER 12, 2011  Principals submit all applications to their Superintendent by this date

OCTOBER 26, 2011  Superintendent informs staff member if coursework is not job related or taking of sabbatical will cause a hardship by this date. Superintendent should fax the attached form entitled “DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE-COURSEWORK OR PROJECT FAILS CRITERIA” to the school on the day s/he dates it to ensure that the staff member has a week to look for new courses or rewrite the project. All approved applications should go to HR Connect - Leaves Administration Office

NOVEMBER 3, 2011  Staff member resubmits coursework to Superintendent, if applicable

NOVEMBER 17, 2011  All applications, approved or denied, must be sent for review of eligibility to HR Connect - Leaves Administration Office.

NOVEMBER 17, 2011  If applicable, Superintendent informs staff member that resubmitted coursework is not job related or taking the sabbatical will cause a hardship - Final denial of application

A. GENERAL GUIDELINES AND ELIGIBILITY REQUIREMENTS

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 7 years of appointed time are eligible to request a six month sabbatical. Substitute service cannot be used. Elementary school teachers are not eligible for 6 months study sabbaticals. Non classroom staff are not eligible for six months study sabbaticals.

- All courses for study sabbatical and the project selected for the educational research project must be job-related courses or the project must be significantly rigorous; 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). Notification of accreditation is required.

- 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. Courses 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 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 staff member will then have one 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 - Leaves Administration Office.

Changes to approved course work must be requested and approved by the superintendent on the Change of Approved Coursework Form (Attachment # 9). The superintendent must review and make a determination on the form.

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 not likely that the school will find a replacement, the sabbatical should be conditionally denied using the attached form. 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 to the Human Resources Director at the CFN.

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 as defined above.

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 and health sabbatical leaves. However, School Secretaries, Laboratory Specialists and Technicians hired on or after July 1, 1985 are only eligible for health sabbaticals effective September 1, 2007.

At least three years of service must intervene between the date of reinstatement from 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 (see list of current shortage areas below).

Eligibility
Any applicant applying for the special study sabbatical must meet all other requirements for State Certification in addition to the 16 or less remaining credits required to achieve state certification. 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.

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

- **Deaf & Hard of Hearing** – Monolingual and Bilingual (In Bilingual, only Spanish)
- **Limited Vision** - Monolingual and Bilingual (In Bilingual, only Spanish)
- **Bilingual Special Education** – (Spanish and Haitian Creole)
- **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
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 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 #3). 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 or less.

Other Provisions for Special Study Sabbaticals

An individual who receives this special sabbatical leave of absence for study will commit to completing certification and will accept assignment to teach in the license area 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 Math, all coursework must relate to mathematics and math instruction, for example: Understanding Numeracy, Problem Solving Techniques for Math Students, Math Analysis, Algebra or Statistics.

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’ Role in the Special Study Sabbatical Process

The Division of Human Resources (DHR) will review applications and accompanying college or SED documentation submitted. They will check applicants' service records to determine if they possess sufficient time to be eligible for sabbatical, to confirm that the applicant has met all requirements except 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. The approval of the principal and the Superintendent in writing that the research project is educationally sound and job-related must accompany the application.
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 and/or the Superintendent and HR Connect who approved the educational research project sabbatical leave.

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, 2011 through July 31, 2012 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 PROVISIONS

All individuals 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.
- An individual who receives the special sabbatical leave of absence for study will commit to completing certification requirements and will accept assignment to teach in the license area for a minimum of two (2) years.
- Upon completion of the sabbatical, submission of the transcript or research project must be sent to HR Connect, Leaves Administration Office, 65 Court Street - Room 406, Brooklyn, New York 11201; failure to do so may result in the leave being denied retroactively.

Waivers

Employees unable to return to work due to a medical incapacity which has developed since the commencement of the sabbatical may apply for a waiver of sabbatical return. Waivers shall be reviewed and determined by HR Connect - Medical Administration Office on a case-by-case basis.

D. FILING INSTRUCTIONS

An applicant for sabbatical leave for study 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 Superintendent.

Principals complete the UFT Sabbatical Application Review Form (Attachment #1), 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.

Once the Superintendent has completed the review of sabbatical applications, all applications along with the sabbatical application review form, is forwarded to HR Connect - Leaves Administration Office.

**E. CALCULATION OF 5% CAP ON SABBATICALS**

The Division of Human Resources 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. 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 using the attached form. Please see general instructions in Section I.A.

**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 at 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 and Talent, 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 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 \times \frac{7 \text{ Years}}{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, Leaves Administration Office, 65 Court Street, Room 406, 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, Leaves Administration Office, 65 Court Street, Room 406, 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.

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.
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 and Talent, Office of Supervisory Support Services, 65 Court Street, Room 405, Brooklyn, New York 11201.

Attachments
# UFT Sabbatical Application Review Form

## NAME OF SCHOOL: ________________________________________________

TOTAL NUMBER OF APPLICATIONS BEING SUBMITTED: ____________

LISTED BELOW IS THE INFORMATION FOR EACH SABBATICAL APPLICATION BEING SUBMITTED. IN THOSE INSTANCES WHERE REQUESTS FOR SABBATICAL LEAVES ARE BEING DENIED DUE TO HARDSHIP, PLEASE PLACE A CHECK MARK IN THE LAST COLUMN.

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SIGNATURE OF PRINCIPAL _______________ DATE _______________

PLEASE SEND THIS FORM TO THE SUPERINTENDENT

SIGNATURE OF SUPERINTENDENT _______________ DATE _______________

PLEASE SEND THIS FORM TO THE LEAVES ADMINISTRATION OFFICE
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

Name and Home Address of Applicant: File No.______________________________

LAST NAME, FIRST NAME Soc. Sec. No.__________________________

School__________ISC/CFN__________

License ________________

STREET

____________________(_________)  (________)  _________________________
CITY, STATE ZIP AREA CODE HOME PHONE NUMBER

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. 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 determination of application is not complete until administrative review of eligibility is completed by the Leaves Administration Office.
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______________________________

Name and Home Address of Applicant:

______________________________________________________________________________

LAST                                                                           FIRST                                      FILE NO.
______________________________________________________________________________

STREET ADDRESS

________________________________________________ (__________)__________________

CITY                                       STATE            ZIP                 AREA CODE     HOME PHONE NUMBER

Current School______________ISC/CFN_______________Present License________________

Area of Proposed Certification_____________________________________________________

Current License Area of Assignment

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, 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 ____________________________________________________________________________

Note: Final determination of application is not complete until administrative review of eligibility is completed by the Leaves Administration Office.
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, Room 406
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:

(PRINT)

FILE NUMBER:

SIGNATURE OF APPLICANT: DATE:
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

Name and Home Address of Applicant:                       File No.___________________________

__________________________________________  Soc. Sec. No___________________________
LAST NAME,            FIRST NAME       School ______________ISC/CFN________

STREET                                                                 License____________________________

CITY, STATE                         ZIP                             AREA CODE   HOME PHONE NUMBER

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.

Date                                                                 Signature of
Signed ______________________                 Principal _______________________________
(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.

Date Signed___________________   Signature______________________________________
Title________________________________

For Division of Human Resources Use Only

APPROVED______________________                    DISAPPROVED_____________________

REASON FOR DISAPPROVAL:_________________________________________________

Note: Final determination of application is not complete until administrative review of eligibility is completed by the Leaves Administration Office.
DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE-
COURSEWORK OR PROJECT FAILS CRITERIA

DATE: _________________

FALL: __________

SPRING: __________

NAME______________________________________________________    FILE NO.____________

CFN_________DISTRICT_______ SCHOOL____________ LICENSE____________________

Dear Applicant:

The Study Plan you submitted with your application for a Sabbatical Leave of Absence is denied for failure to meet 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

CFN___________
DENIAL OF RE-APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE

DATE: __________________________

FALL: __________

SPRING: __________

NAME ___________________________________ FILE NO. __________

CFN________ DISTRICT _____ SCHOOL _____ LICENSE____________________

Dear Applicant:

Upon review of your resubmitted coursework or project, I conclude that your Sabbatical Leave of Absence is denied for failure to meet job-related criteria established by the Chancellor.

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

Print Name ___________________________________ Signature of Superintendent

CFN________

DENIAL OF APPLICATION FOR UFT SABBATICAL LEAVE OF ABSENCE– HARDSHIP

DATE:_________________________

FALL:___________
SPRING:___________

NAME____________________________________________________   FILE NO.______________
CFN__________DISTRICT_______ SCHOOL____________  LICENSE__________________

Dear Applicant:

Your study plan for your Sabbatical Application for Study has been approved. However, 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, (and 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

CFN__________
## CHANGE OF APPROVED COURSE WORK FOR STUDY SABBATICAL

Addendum to Application

<table>
<thead>
<tr>
<th>Name: ______________________</th>
<th>File #: _____________________</th>
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<tr>
<td>School: ____________________</td>
<td>CFN/District: _______________</td>
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**SABBATICAL PERIOD:** ____________________________

### APPROVED COURSES

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<tr>
<th>Fall Term College</th>
<th>Title of Courses</th>
<th>Course #</th>
<th># of Credits</th>
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<th>Title of Courses</th>
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### NEW COURSES

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<th>Spring Term</th>
<th>Title of Courses</th>
<th>Course #</th>
<th># of Credits</th>
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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.