THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES
MEDICAL, LEAVES & BENEFITS OFFICE
65 COURT STREET - ROOM 200
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

Name and Home Address of Applicant: File No. _____

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

School_____Region_____

_____ 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 Local Instructional 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_____

Form OP8