



SABBATICAL/PROFESSIONAL IMPROVEMENT LEAVE FOR CERTIFICATED EMPLOYEES

DOE OTM 100-001

Last Revised: 10/30/2018

Former DOE Form(s): DOE OHR 100-001

DEPARTMENT OF EDUCATION

Office of Talent Management

Employee Records and Transactions Section

P.O. Box 2360 Honolulu, HI 96804

I. EMPLOYEE INFORMATION

Name: _____ Last 4 digits of SSN: _____
Last First M.I.

Position: _____ School/Office: _____ School/Office Tel #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Tel #: _____ Cell Tel #: _____

II. LEAVE REQUEST

Type of Leave Requested (mark one):

- Sabbatical Leave (Teachers only) Professional improvement leave without pay
 Professional improvement leave with pay (Educational Officers only) Professional improvement leave without pay - Extension

Leave request from _____ to _____
MM/DD/YYYY MM/DD/YYYY

- Mark one:**
- | | | | |
|----------------------|--|--------------------------------------|--------------------------------------|
| Teachers: | <input type="checkbox"/> Semester I | <input type="checkbox"/> Semester II | <input type="checkbox"/> School Year |
| School Level EO's: | <input type="checkbox"/> Semester I | <input type="checkbox"/> Semester II | <input type="checkbox"/> School Year |
| State/District EO's: | <input type="checkbox"/> Up to 30 days | <input type="checkbox"/> 6 Months | <input type="checkbox"/> School Year |

For EOs only, if requesting professional improvement with pay up to thirty (30) days with no additional costs to the Department, please stipulate resources:

III. GENERAL INFORMATION

Period of Service with DOE:

Total: _____ Years _____ Months Teacher: _____ Years _____ Months EO: _____ Years _____ Months

Indicate current assignment and other duties (including subject and grade-level, if applicable):

List professional improvement and sabbatical leaves previously taken or applying for (attach a separate sheet if necessary):

Type of Leave: _____	From: _____	To: _____
	<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>
Type of Leave: _____	From: _____	To: _____
	<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>
Type of Leave: _____	From: _____	To: _____
	<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>
Type of Leave: _____	From: _____	To: _____
	<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>
Type of Leave: _____	From: _____	To: _____
	<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>

V. APPROVAL

To be completed by the Principal/Immediate Supervisor

Recommend: Approval
 Disapproval (Provide reason(s) for denial)

Supporting Comments: _____

Was a final performance evaluation given? (EOs only)

Yes - Date of evaluation: _____
MM/DD/YYYY

No - Please give reason: _____

My signature indicates that I discussed the implications and funding if applicable for this leave with the applicant.

Principal/Immediate Supervisor Signature: _____ Date: _____
MM/DD/YYYY

To be completed by the Complex Area Superintendent, Assistant Superintendent or Designee

For up to thirty (30) day professional improvement leave with pay and no additional costs to the Department.

Approved
 Disapproved (Provide reason(s) for denial)

Supporting Comments: _____

My signature indicates that I reviewed the completed form and discussed the implications and funding (if applicable) for this leave with the supervisor and/or the applicant.

Complex Area Superint./
Asst Superint./Designee Signature: _____ Date: _____
MM/DD/YYYY

To be completed by the Superintendent of Education or Designee

Approved
 Disapproved

Superintendent of Education/Designee Signature: _____ Date: _____
MM/DD/YYYY