



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF TALENT MANAGEMENT

November 15, 2021

**Circulate and Post**

TO: Assistant Superintendents  
Complex Area Superintendents  
Principals (All)

FROM: Sean Bacon  
Interim Assistant Superintendent

SUBJECT: **Teacher Sabbatical Leave for School Year 2022-2023**

Teacher sabbatical leave applications are now being accepted for the school year 2022-2023. Teachers may apply for one semester or one entire school year.

The Agreement between the Board of Education and the Hawaii State Teachers Association stipulates that the sabbatical leave selection criteria shall be posted in every school or administrative office.

Please post this memo and the *Teacher Selection Criteria/Rating Scale* in an accessible area until January 7, 2022. Please also ensure that this information is distributed to all teachers. These documents may be downloaded by visiting the Office of Talent Management (OTM), Employee Records and Transactions Section's intranet [website](#) under Sabbatical Leave.

The following deadlines must be followed:

- |                     |   |
|---------------------|---|
| By January 7, 2022  | Teacher submits <a href="#">DOE OTM 100-001, Sabbatical/Professional Improvement Leave for Certificated Employees</a> , and supporting documents to principal/supervisor and Complex Area Superintendent (CAS) for review and signatures. |
| By January 21, 2022 | CAS/Personnel Regional Officer sends DOE OTM 100-001 form via courier to OTM; Employee Records and Transactions Section; Attention: Maile Horikawa, Teacher Sabbatical Leave; Dole Cannery, Suite 300.                                    |

Assistant Superintendents, et al.

November 15, 2021

Page 2

By February 25, 2022 OTM sends notification of approval or non-approval to all applicants.

By March 18, 2022 Teacher returns the signed Contract for Sabbatical Leave to OTM, Employee Records and Transactions Section; Attention: Maile Horikawa, Teacher Sabbatical Leave; Dole Cannery, Suite 300.

Should there be any questions, please contact Maile Horikawa, Personnel Specialist, at (808) 441-8348 or via email at [maile.horikawa@k12.hi.us](mailto:maile.horikawa@k12.hi.us).

SB:mh

Attachments: (1) Teacher Sabbatical Leave Information  
(2) Teacher Sabbatical Leave Selection Criteria/Rating Scale  
(3) [DOE OTM 100-001](#), Sabbatical/Professional Improvement Leave for Certificated Employees  
(4) [DOE OTM 100-001Ins](#), Sabbatical/Professional Improvement Leave for Certificated Employees - Instructions/Criteria

c: Deputy Superintendent  
Hawaii State Teachers Association  
Certificated Personnel Regional Officers

## **TEACHER SABBATICAL LEAVE INFORMATION**

The Hawaii State Department of Education (Department) may grant sabbatical leaves to teachers for the purposes of improving professional knowledge, skills and abilities. Teachers who have completed seven consecutive years of Department teacher service prior to the beginning date of the sabbatical leave may be granted this leave. Upon return from a sabbatical leave, a minimum period of seven years of service must be completed to qualify for another sabbatical leave. A sabbatical leave may be taken for one school year at half pay or for one semester at full pay. Hawaii Employer-Union Health Benefits Trust Fund (EUTF), Department service credits, and Hawaii Employees' Retirement System (ERS) retirement credits may be continued for the period of the leave provided that all leave requirements are met. Sick leave or vacation leave is not accrued while on sabbatical leave. The paid sabbatical leave may not be extended, but may be followed by a professional improvement leave of absence without pay provided that all sabbatical leave requirements are met.

A teacher on sabbatical leave for one school year must spend at least the equivalent of one-half year in professional educational course work and shall earn at least fifteen semester credits of approved university course work and/or research, or other professional activity, or a combination thereof approved by the Department. The leave requirements must be completed within the effective dates of the leave. The teacher shall provide satisfactory evidence of the completion of the requirements with official transcripts (if applicable) and a summary write-up of their sabbatical signed and acknowledged by the principal/supervision. Teachers are required to sign an agreement to return to active service with the Department for two consecutive years immediately following the leave. Failure to fulfill all sabbatical leave requirements will result in the teacher returning all monies received while on sabbatical leave to the Department and the sabbatical leave will be changed to a Leave of Absence without Pay (LWOP). Teachers on LWOP do not receive Department service credit or ERS credit.

The conditions for a teacher on sabbatical leave for one semester are the same as above except a semester leave requires eight semester credits of approved university course work. Employment while on leave may be permitted with prior approval from the Office of Talent Management.

Teachers are assured of a guarantee of employment to which they are entitled upon their return to active service.

## TEACHER SABBATICAL LEAVE SELECTION CRITERIA/RATING SCALE

### Instructions to Applicant

Prior to writing your proposed program of study, carefully review criteria I, II, III, and IV. All sabbatical leave applications are prioritized using these selection criteria/ratings. The purposes, objectives, and activities described in an applicant's proposal should be clearly stated. The sabbatical review committee will use the following criteria to review all sabbatical applications. The applicant does not need to submit this form.

The four (4) criteria (I, II, III, and IV) are used by the sabbatical review committee in the ranking of sabbatical leave applications:

I. BENEFIT TO THE HAWAII STATE DEPARTMENT OF EDUCATION (Department)  
CRITERION (Maximum 20 points)

This criterion is defined as the degree to which the proposed program of study is of value to the Department. The proposed program of study should describe learner benefits and support for the Department's educational program needs.

	Does Not Meet <i>(0 points)</i>	Meets <i>(5 points)</i>	Exceeds <i>(10 points)</i>
Directly benefits students/school needs			
Has impact on total Department's needs			

Total: \_\_\_\_\_  
(Maximum 20)

### Checklist for the sabbatical review committee

The proposed program of study is designed to improve:

- Instruction
- Services to students, colleagues, school community, etc.
- Teaching materials
- The school's total education program
- The Department's total education program

Specifies:

- Subject area
- Grade
- Responsibilities (other than teaching)

Scope of benefit includes:

- Students
- Grade level(s)
- School programs
- District and/or complex area educational needs
- Department programs and/or Initiatives
- Parents/community

II. RELATIONSHIP CRITERION (Maximum 10 points)

The relationship criterion is defined as the degree of relevancy of the proposed program of study to the applicant's current assignment, assignment following the leave, or career goals. The sabbatical review committee will use rating scale A or B below:

- A. Award points based on the number of semester credits of coursework directly related to the criterion. No points shall be granted for coursework not related to the criterion.

No. of Credits for One Year Leave	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15
No. of Credits for One Semester Leave	1	2	3	4	5	6	7	8
<i>Points</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>9</i>	<i>10</i>

- B. Other Department Research/Special Project/Program of Study

This program of study may not involve the completion of university credits/coursework. Base points on the extent or relationship of the purposes, objectives, and activities to the applicant's job assignment/career goals.

Total: \_\_\_\_\_  
(Maximum 10)

III. INVOLVEMENT CRITERION (Maximum 8 Points)

The involvement criterion is the degree to which the applicant is committed to an accredited institution's planned program of study or other Department-approved professional development program. Use Rating Scale A or B below:

- A. College or University Credit/Degree Program of Study

College Program (example: Graduate degree or Professional diploma program)  
Department approved plan of coursework which is related to his/her assignment/career goals (example: Verification/evidence that the coursework described in the proposal indicates collaborative planning involving the principal/immediate supervisor)

	<u>Applicant is taking college courses but not working toward a degree</u> <i>(4 points)</i>	<u>Applicant has applied for acceptance</u> in a college program that is related to his/her job assignment <i>(6 points)</i>	<u>Applicant has been accepted</u> into a college program and <u>will complete coursework</u> related to assignment/career goals <i>(8 points)</i>
Extent of involvement of the applicant in a program of study			

Total: \_\_\_\_\_  
(Maximum 8)

B. Other Non-Credit Department Approved Professional Improvement Program Research/Special Project

The sabbatical review committee will review the proposed program of study and base the number of points to be granted on the degree to which the applicant will be involved in the program. The proposed program should reflect: 1) an equivalent of one-half of the total leave period devoted toward project completion, and 2) verification by Department personnel supervising the program of study.

	Less than 4 hours <i>(0 points)</i>	4-5 hours per day <i>(2 points)</i>	6-8 hours per day <i>(4 points)</i>
Amount of time to be spent on program of study (independently)			

	Less than once a month <i>(0 points)</i>	Once a month <i>(2 points)</i>	Once a week/biweekly <i>(4 points)</i>
Amount of time to be spent with Supervisor			

Total: \_\_\_\_\_  
(Maximum 8)

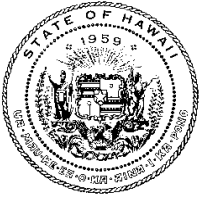
*Note: Hours based on a five-day workweek and the average number of hours per day spent directly on the program of study during the leave period.*

IV. SENIORITY CRITERION (Maximum 2 points)

The years of service in the Department shall be counted. Points are awarded according to the number of years in service with the Department (since any previously granted sabbatical leave).

	7 – 9 years <i>(1 point)</i>	10 – 18 years <i>(2 points)</i>
Years of Service (Since Any Previously Granted Sabbatical Leave)		

Total: \_\_\_\_\_  
(Maximum 2)



# 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>

**IV. PROPOSED PROGRAM OF**

Mark one:

- Accepted in a College Program
- Applied for acceptance in a College Program
- Planning to apply for acceptance in a College Program
- Completing a DOE Approved Program of Study

I plan to complete the following DOE Approved Program of Study:

\_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_  
 No. of Semester Degree Accredited College/University  
 Credits

Attach to this application a complete description of the proposed program of study indicating:

1. The purpose of this leave.
2. A statement regarding your professional development plan (for EO positions).
3. The specific objectives to be achieved.
4. Activities to achieve objectives.
5. A listing of college courses by number title and description (including alternate courses), if appropriate.
6. Evaluation of leave and how training will be used upon return to job assignment and to include official transcripts to verify completion of course work, if applicable.
7. A research/special project submitted as a proposed program of study must (a) be approved by the Department (b) indicate a DOE supervisor and (c) substantiate spending at least the equivalent of one-half (1/2) of the leave period to complete the project.
8. Travel requirements for Professional Improvement Leave Without Pay only:  
 Seventeen (17) weeks of travel are required for one (1) year leave and eight and one-half (8 1/2) weeks of travel for a one (1) semester leave. This leave proposal must indicate dates and places to be visited and how students will benefit from your participation in this leave.

In the event that this leave is granted, I understand that the requirements must be completed during the approved leave period and agree to abide by the Department Procedures and Regulations #5400, #5401, #5406, & #5407.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY



**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: \_\_\_\_\_

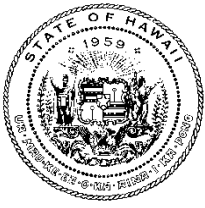
My signature indicates that I reviewed the completed form and discussed the implications and funding (if applicable) for this leave with the supervisor and/or the applicant.

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



# SABBATICAL/PROFESSIONAL IMPROVEMENT LEAVE FOR CERTIFICATED EMPLOYEES - INSTRUCTIONS/CRITERIA

**DOE OTM 100-001Ins**

*Last Revised: 10/30/2018*

Former DOE Form(s): DOE OHR 100-001Ins  
DEPARTMENT OF EDUCATION  
Office of Talent Management  
Employee Records and Transactions Section  
P.O. Box 2360 Honolulu, HI 96804

## **Criteria for selection of sabbatical leave or professional improvement.**

### **A. BENEFIT TO THE DEPARTMENT**

The degree to which the proposed program of study is of value to the Department.

### **B. RELATIONSHIP**

Relationship is defined as the degree of relevancy of the proposed program of study to the certified employee's job assignment/ career goals in education and/or administration.

### **C. INVOLVEMENT**

Involvement is the degree to which the certificated employee is committed to a planned program of study.

### **D. SENIORITY**

Years of service as a certificated employee from the last completed Sabbatical Leave or Professional Improvement Leave with Pay.

### **IMPORTANT**

Applicants may obtain the Criteria/Rating Scale from the Office of Talent Management, Employee Records and Transactions Section, Certificated Transactions Unit. A review of the applicable regulations and consultation with appropriate personnel (e.g., principal, educational specialist, college professor, etc.) who will assist the applicant in the preparation of the proposed program of study will also be performed. Applications submitted shall adhere to the deadline as established.