

STATE OF HAWAI'I DEPARTMENT OF EDUCATION KA 'OIHANA HO'ONA'AUAO

P.O. BOX 2360 HONOLULU, HAWAI'I 96804

OFFICE OF TALENT MANAGEMENT

November 22, 2023

Circulate and Post

TO: Assistant Superintendents

Complex Area Superintendents

Principals (All)

FROM: Sean Bacon Sean Bacon (Not 22, 2023 10:31 HST)

Assistant Superintendent

SUBJECT: Teacher Sabbatical Leave for School Year 2024-2025

In accordance with the Agreement between the Board of Education and the Hawaii Government Employees Association, the Hawaii State Department of Education (Department) is accepting applications for teachers for the school year 2024-2025. Teachers may apply for one (1) semester or one (1) entire school year.

Please post this memorandum and the Teacher Selection Criteria/Rating Scale in an accessible area. 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 the Sabbatical Leave Program (you will need to use your login to access the Department's intranet site).

The following deadlines must be followed:

By January 5, 2024 Teacher submits the DOE OTM 100-001, Sabbatical/Professional

Improvement Leave for Certificated Employees, and supporting documents to the principal/supervisor for review and signature.

By January 19, 2024 Principal reviews the DOE OTM 100-001 and submits a

recommendation to the Complex Area Superintendent (CAS) along with a copy of the completed Teacher Sabbatical Leave Selection

Criteria/Rating Scale.

Assistant Superintendents, et al. November 22, 2023 Page 2

By February 2, 2024 CAS approves or disapproves and submits the DOE OTM 100-001

form via courier to OTM; Employee Records and Transactions Section; Attention: Maile Horikawa, Teacher Sabbatical Leave;

Dole Cannery, Suite 300.

By March 1, 2024 OTM will send a notification of approval or non-approval to all

applicants.

By March 25, 2024 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.

SB:mh

Attachments: (1) Teacher Sabbatical Leave Information

(2) Teacher Sabbatical Leave Selection Criteria/Rating Scale

(3) <u>DOE OTM 100-001</u>, Sabbatical/Professional Improvement Leave for Certificated Employees (you will need to use your login to access the Department's internet site)

c: Deputy Superintendents 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 to improve professional knowledge, skills, and abilities that align with the Board of Education's (BOE) strategic plan, the Department's implementation plan, the school's academic plan, and/or the complex area/state office plan, and their overall effectiveness as a teacher.

Teachers who have completed seven (7) consecutive years of Department teacher service (no break in 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 (7) years of service must be completed to qualify for another sabbatical leave.

A sabbatical leave may be taken for one (1) full school year at half pay or one (1) 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 must provide a sabbatical plan that includes:

- the purpose of the leave:
- an evaluation of the impact of the leave on the BOE strategic plan, the Department's implementation plan, the school's academic plan, and/or complex area/state office plan;
- specific objectives to be achieved relevant to the effectiveness as a teacher
- relevancy to current job and career goals; and
- a list of course(s) (number, title), description, and semester credits (include alternate course), if applicable.

The leave requirements must be completed within the effective dates of the leave. Teachers shall provide satisfactory evidence of completing the requirements with official transcripts (if applicable) and a summary write-up of their sabbatical signed and acknowledged by the principal/supervisor. Teachers are required to sign an agreement to return to active service with the Department for two (2) 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.

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

Before writing your proposed study program, 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 following criteria are used to review all sabbatical leave applications. The applicant does not need to submit this form. Applicants with less than 70% of the aggregate points (100 maximum) may not be considered for this leave.

Instructions to Principal/Supervisor

Prior to submitting your recommendation to your Assistant Superintendent (AS) or Complex Area Superintendent (CAS), complete this document. Review the teacher's proposed program of study and evaluate based on criteria I, II, III, and IV. Send a copy of this document along with your recommendation to the AS or CAS. Keep the original for your records.

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

I. BENEFIT TO THE HAWAII STATE DEPARTMENT OF EDUCATION (Department) CRITERION (Maximum 60 points)

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

	Yes	Partially	No
	20 points	10 points	1 point
The planned program of study will			
impact the school's academic plan			
and/or the complex area plan, and/or			
the state office plan.			
The planned program of study will			
impact the Board of Education's			
strategic plan.			
The planned program of study will			
impact the Department's implementation			
plan.			

Total (I):	
()	(Maximum 60)

II. BENEFIT TO THE EMPLOYEE CRITERION (Maximum 20 points)

This criterion is defined as the degree to which the proposed program of study will positively impact the applicant's current job, career goals, and effectiveness as a teacher.

	Yes	Partially	No
	5 points	3 points	1 point
The planned program of study			
is relevant to the applicant's			
current job. (Subject area,			
Grade level)			
The planned program of study			
is relevant to the applicant's			
career goals.			
The planned program of study			
will positively impact the overall			
effectiveness as a teacher.			

Total:	
	(Maximum 15)

Use Rating Scale A or B below:

A. College or University Credit/Degree Program of Study

No. of Credits for One (1) Year Leave	15	11-14	7-10	3-6	1-2
No. of Credits for One (1) Semester Leave	8	6-7	4-5	2-3	1
Points	5	4	3	2	1

Total:	
	(Maximum 5)

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

The proposed program of study includes an approved plan of coursework that is related to his/her assignment/career goals. Evidence of collaborative planning involving the principal/ supervisor is indicated in the proposal.

The proposed program indicates collaborative planning.	Yes	Partially	No
Points	5	3	1

Total:	
	(Maximum 5)
Total (II):	
	(Maximum 20)

III. INVOLVEMENT CRITERION (Maximum 15 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 programs. 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) related to his/her assignment and/or career goals.

	Degree Awarded 15 points	Certificate Awarded 9 points	Credits only 3 points
At the end of the planned program of study, the employee will be awarded a degree (e.g., Master's, Ph.D., Ed.D.), certificate, or only academic credits.			

Total:	
	(Maximum 15)

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

Points are based 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.

	6-8 hours per	4-5 hours per	Less than 4
	day	day	hours
	(9 points)	(5 points)	(1 points)
Amount of time to be spent on the program of study (independently).	(= [=		()

	Once a week/biweekly (6 points)	Once a month (4 points)	Less than once a month (1 point)
Amount of time to be spent with the Supervisor.			

Total:	
	(Maximum 15)

Note: Hours are based on a five (5) day workweek and the average number of hours per day spent directly on the program of study during the leave period.

Total (III):		
. ,	(Maximum 15)	

IV. SENIORITY CRITERION (Maximum 5 points)

Points are awarded according to the number of years in service with the Department as a teacher (since any previously granted sabbatical leave).

Years of Service	30 or greater	20-29	10-19	0-9
Points	5	4	3	1

Total (IV):	
, ,	(Maximum 5)
Overall score / 100 (I-IV):	



SABBATICAL/PROFESSIONAL IMPROVEMENT LEAVE FOR CERTIFICATED EMPLOYEES

DOE OTM 100-001

Last Revised: 10/25/2023
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			E	mployee 1	ID:	
			M.I.			
Position:						
Mailing Address:		_ City:		Sta	ate:	Zip:
Home Tel #:	Cell Tel #	:				
II. LEAVE REQUEST						
Type of Leave Requested (mark one):						
Sabbatical Leave (Teachers only)			Profession	nal improv	vement leav	e without pay
Professional improvement leave with	pay (Educational Off	ficers (EO) only)	Profession	nal improv	vement leav	e without pay - Extension
Leave request fromMM/DD/YYYY	to		·			
		_	_			
Mark one: Teachers:	Semester	<u> </u>	Semester II		Schoo	
School Level EO's:	Semester	L	Semester II		<u> </u>	ol Year
State/District EO's:	Up to 30	days	6 Months		Schoo	ol Year
For EOs only, if requesting professional im		• •	30) days with n	no additio	nal costs to	the Hawaii State
Department of Education (Department), ple	ease stipulate reso	urces:				
III. GENERAL INFORMATION						
Period of Service with Department:						
Total: Years Months	Teacher:	Years	Months	EO:	Years	Months
Indicate current assignment and other dutie						
S		C		,		
List professional improvement and sabbation	al leaves previou	sly taken or app	lying for (attacl	h a separa	ite sheet if r	necessary):
-	_	-		_		
Type of Leave:		_ From:	MM/DD/YY	YYY	10:	MM/DD/YYYY
T. C.						
Type of Leave:		_ From:	MM/DD/YY	YYY	10:	MM/DD/YYYY
T. C.		Г			T	
Type of Leave:		_ From:	MM/DD/YY	/YY	10:	MM/DD/YYYY
T. C.						
Type of Leave:		_ From:	MM/DD/YY		10:	MM/DD/YYYY
Type of Leave:		_ From:	MM/DD/YY	/VV	To:	MM/DD/YYYY
			IVIIVI/DD/ I I			INTIAN I I I I

Last Revised: 10/25/2023

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

IV. PROPOSED PROGRAM OF

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

- 1. The purpose of this leave;
- 2. An evaluation of the impact of the leave on the school's academic and financial plan, and/or the Complex Area Plan, and impact on the Board of Education (BOE) Strategic Plan and the Department's Implementation Plan;
- 3. The specific objectives to be achieved relevant to the BOE Stategic Plan and Department's Implementation Plan;
- 4. Activities to achieve objectives;
- 5. A listing of college courses by number title and description (including alternate courses), if appropriate; and
- 6. Evaluation of relevancy to current job.

, ,	
In the event that this leave is granted, I understand that the requirements agree to abide by the Department Procedures and Regulations #5400, #5	
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:	
Principal/Immediate Supervisor Signature:	
	MM/DD/YYYY
To be completed by the Complex Area Superintendent, Assistant Su	iperintendent or Designee
Teacher Sabbatical Leave	
Approved	
Disapproved (Provide reason(s) for denial)	
Supporting Comments:	
Professional Improvement Leave with Pay (EO)	
Approved	
Disapproved (Provide reason(s) for denial)	
Supporting Comments:	
Complex Area Supt./	
Asst. Supt./Designee Signature:	Date: MM/DD/YYYY
To be completed by the Office of Talent Management	WIW/DD/IIII
Meets requirements	
Does not meet requirements	