

New York City Department of Education - Division of Human Resources and Talent HR Connect - Medical, Leaves & Records Administration

Waiver to Work While on Study Sabbatical Leave of Absence Application

In order to request a waiver to work while on Study Sabbatical, you must complete the following information, and fax this application and all required documentation to the HR Connect - Medical, Leaves & Records Administration (Fax#: 718-935-4350). If you have any questions, please contact HR Connect at (718) 935-4000.

PERSONAL INFORMATION			
First Name:		Last Name:	
Home Address:			
City:	State:	Zipcode:	Phone Number:
DOE Title:			
District / School:			
Social Security #		File #	
EDUCATIONAL INFORMATION			
Educational Institute(s) you will be	attending:		
Total number(s) of credits you will I			
OUTSIDE WORK ACTIVITY BEING RI	EQUESTED (IF NOT TH	E DOE)	
Name of Agency:			
Your title:			
Days of the week and hours you int			
	This includes previous T		our sabbatical, you are working the same or fewer houness) or a letter from the employer (on official letterhead
WORK ACTIVITY BEING REQUESTE	D (IF YOU ARE REQUE	STING TO WORK FOR	THE DOE)
	ion with a qualified DOE	employee who is NOT	ou. The letter must include the following: on sabbatical. 2) The hours you would work. Note: Plea
Name of Agency:			
Your title:			
Days of the week and hours you int	end to work:		

You must submit a proof of your activity for the past three years indicating that during your sabbatical, you are working the same or fewer hours than when you are not on sabbatical. This includes previous Tax Returns (private business) or a letter from the employer (on official letterhead stating three years prior employment and hours worked).