

SABBATICAL LEAVE OF ABSENCE OVERVIEW

*****Keep this Overview for your own reference*****

PLEASE READ THOROUGHLY

BTU AGREEMENT – Employee **MUST** have completed seven (7) years of consecutive service prior to commencement of leave. All applications are to be submitted by **December 15th** of the year preceding the commencement of the leave. By signing the application, the employee also agrees to return to the System for at least one (1) year of service following expiration of the leave. As an option to this service requirement, the employee may elect to return the salary received during the period of leave.

PSASA AGREEMENT – Employee must have completed ten (10) years of consecutive service prior to the commencement of leave. All applications are to be submitted by **April 1st** (for leaves to begin September 1st) or **November 1st** (for leaves to begin February 1st). By signing the application, the employee also agrees to return to the System for at least three (3) years of service following expiration of the leave. As an option to this service requirement, the employee may elect to return the salary received during the period of leave.

COMPENSATION & BENEFITS - The employee receives 50 percent of his or her annual salary while on leave. The employee's benefit status will remain active. Premium deductions for the various benefits will be deducted from the employee's bi-weekly paycheck (*if applicable*). If the employee's bi-weekly earnings do not cover the cost of the benefits, an invoice will be sent to the employee (by the Department of Fiscal Management) for his/her portion of the benefits premium that would normally be deducted from a paycheck.

Sabbatical Process:

- A) Signed Acknowledgement Form
- B) Completed Sabbatical Leave Application
- C) **Sabbatical Study Required Documents:**
 - 1. Official Letter of Acceptance from the College or University Registrar's office. Per semester class load hours and a list of courses to be completed (copies not acceptable)
 - 2. **At the end of each semester, official documentation from Registrars' office denoting course(s) completion MUST be submitted within 14 days of semesters ending to the Office of Leaves Management, failure to do so *WILL* terminate your Sabbatical Leave Status.**
 - 3. Area of Study Must be directly related to your employment status
- D) **Sabbatical Travel Require Documents:**
 - 1. DETAILED Itinerary, and provide DETAILED plans for disseminating information to students and/or staff upon your return.
 - 2. Travel Must be directly related to your employment status

Attach an explanation describing how this leave will be of benefit to the Baltimore City Public Schools. Failure to supply this information will preclude further consideration of this application.

Meeting the requirements of a Sabbatical doesn't mean approval. Leave IS NOT authorized unless approved by the Department of Human Capital. Failure to received *prior* approval may result in appropriate disciplinary action.

(Please do not submit multiple packets, use one (1) form of submittal, if 5 days has past and you have not received a response of receipt then email me)

Your request will be processed and presented to the School Board. It may take as much as 3 weeks for a decision to be rendered. Based on the School Board's decision an approval/denial response will be sent via email (unless otherwise requested) to you and your supervisor. Pertinent health benefits and return to work information will be included. *Incomplete forms and/or insufficient documentation will delay leave processing.* If you have any questions, please feel free to contact me.

Return COMPLETED Packet to:
Baltimore City Public Schools / Leaves Management
200 E. North Avenue, Room #110 ~ Baltimore, Maryland 21202
Attention: Paula Thomas
Phone Number: 410-396-8885 leaves@bcps.k12.md.us Fax Number: 410-545-0897

BALTIMORE CITY PUBLIC SCHOOLS

This form **MUST** be signed and submitted with Request form.
Request **WILL NOT** be processed without a signed Acknowledgement form.

- ACKNOWLEDGEMENT -

I acknowledge responsibility for reading and complying with the Processes and Policies associated with my requested leave.

Email is Leaves Management's primary and quickest means of communications. All communication involving leave requests, leave determinations and designations will be sent through your **City Schools email address**.

Check which is applicable to you, *if unchecked all correspondence will be by email.*

- I **DO** have access to my city schools email and want my leaves correspondence to be sent by email.
- I **DO NOT** have access to my City Schools email and want my leaves correspondence to be sent by U.S. Mail.

Signature

Date

Print Name – First, MI, Last

Employee ID#

Supervisor's Name

Department/School

Position

BTU Employee Evaluations

In keeping with section 15.22 of the BTU contract, BTU employees who are absent more than 60 days in the school year shall receive an annual rating of "Administrative Effective/Satisfactory" on their annual evaluation with no Achievement Units (AUs). This rating can be used for certification purposes.

BCPS Board Rules

Article 4 section 404.03, All absences of educational staff members shall be with loss of full pay unless otherwise provided for in these Rules, or by special action of the Board. "With loss of full pay" shall mean that the person concerned shall receive no salary for the full time included in such a leave. Such shall also include the earning of a salary from another source by the staff person on a leave without express approval of the Board and the Chief Executive Officer.

**Baltimore City Public Schools
Division of Leaves Management
200 E. North Avenue, Room #110
Baltimore, Maryland 21202**

Email: leaves@bcps.k12.md.us

Attn: Ms. Paula Thomas

Fax: 410-545-0897

Falsification of any Leave of Absence documentation may lead to disciplinary action up to and including termination of employment.

SABBATICAL LEAVE APPLICATION

Employee Name _____ ID # _____
Address _____
Phone # _____
Organization _____ Job Title _____
Years of Service _____ Hire Date _____

I am requesting Sabbatical Leave for the period: Begin _____ End _____

My leave request, which will not exceed one (1) school year, is for the purpose of:

- STUDY**
 - a) Attach an official Letter of Acceptance from the College or University Registrar's office
 - b) Proof of enrollment from Registrar's office Per semester class load hours and a list of courses to be completed (copies not acceptable)
 - c) **At the end of each semester, official documentation from Registrars' office denoting course(s) completion MUST be submitted within 14 days of semesters ending to the Office of Leaves Management, failure to do so *WILL* terminate your Sabbatical Leave Status.**
 - d) Area of study MUST be directly related to your employment status

- TRAVEL**
 - a) Enclose a DETAILED Itinerary, and provide DETAILED plans for disseminating information to students and/or staff upon your return.
 - b) Travel MUST be directly related to your employment status

Attach an explanation describing how this leave will be of benefit to the Baltimore City Public Schools. Failure to supply this information will preclude further consideration of this application.

I understand that according to the Contract between the Baltimore Teachers Union (BTU) and the Board of School Commissioners, the acceptance of this granted Sabbatical Leave requires that **BTU** - I agree to return to the Baltimore City Schools for at least one (1) year following the expiration of this leave. **PSASA** - I agree to return to the System for at least three (3) years of service following expiration of the leave.

As an option to this service requirement, the employee may elect to return the salary received during the period of leave.

As an option to this service requirement, I may, if so elect, return to the Baltimore City Public Schools, the salary which I received during the period of leave.

Applicant Signature _____ Date _____

Attention: Paula Thomas
Phone Number: 410-396-8885 leaves@bcps.k12.md.us Fax Number: 410-545-0897

Dept of Leaves Management Use Only:

_____ **TOTAL YEARS OF CITY SCHOOLS SERVICE**

Request Received _____ Documents Received _____

Division of Leaves Management
Leave Administrator's Signature _____ Date _____