



APPLICATION FOR LEAVE OF ABSENCE CERTIFICATED SCHOOL-LEVEL EMPLOYEES

DOE OTM 300-001

Last Revised: 06/15/2023

Former DOE Form(s): DOE OHR 300-001

DEPARTMENT OF EDUCATION

Office of Talent Management (OTM)

Employee Records and Transactions Section, Certificated

P.O. Box 2360 Honolulu, HI 96804

I. EMPLOYEE INFORMATION

Name: _____ DOE Employee ID: _____
Last First M.I.

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

Telephone: _____ Position: _____ School/Office: _____

School or Sub-Division Code: __ __ __ Leave Code: __ __ __ Bargaining Unit Code: __ __

II. LEAVE REQUEST (Complete appropriate subsection below.)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Family ¹ | <input type="checkbox"/> Military ⁴ | <input type="checkbox"/> Political ⁵ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Funeral ² | <input type="checkbox"/> Personal | <input type="checkbox"/> Sick ³ | |
| <input type="checkbox"/> Health, LWOP ³ | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Vacation | |

¹ Complete and attach Federal Form WH-380F or WH-380E(Sde).

³ Complete Licensed Physician's Statement by completing Section IV at bottom of this form for Health leave or if Sick leave for more than five (5) consecutive days or submit a signed doctor's note verifying current health condition. Approval for sick leave is subject to the availability of accumulated sick leave.

² Provide relationship to deceased and address if out of state in #2 below.

⁴ Attach a copy of your military orders with this form (copy) to OTM Employee Records and Transactions Section, Certificated.

⁵ Attach a separate letter justifying political appointment.

I hereby request the following type of leave: Leave with Pay Leave without Pay for the calendar period below:

From: _____ To: _____ # of working days
MM/DD/YYYY MM/DD/YYYY

1. Is this an extended leave? Yes No

2. Provide any additional explanation for leave request (attach a separate sheet if necessary):

Employee Signature: _____ Date: _____
MM/DD/YYYY

III. LEAVE APPROVAL

For sick, vacation, and personal leave, Principal/Immediate Supervisor approval required.

For family, military, professional, and political leave, **both** Principal/Immediate Supervisor **and** PRO/CAS approval required.

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

Approved PRO/CAS Signature: _____ Date: _____
MM/DD/YYYY

IV. LICENSED PHYSICIAN'S STATEMENT

(To be completed ONLY for HEALTH LEAVE or if SICK LEAVE is for more than five (5) consecutive work days)

I certify that _____ is under my care for health reasons and is not physically able to perform his/her normal work duties from _____ to _____.
MM/DD/YYYY MM/DD/YYYY

Licensed Physician Signature: _____ Date: _____
MM/DD/YYYY

Name of Licensed Physician (Print): _____ Type of Practice: _____

Address: _____ Telephone #: _____

Distribution: Leave with Pay (Teachers): 1. Original /Electronic Copy- School; 2. Copy 1 - Employee; 3. Copy 2 - PRO (if leave exceeds one month) / Leave With Pay (EOs): 1. Original/Electronic Copy - School; 2. Copy 1 - Employee / Leave Without Pay and Military Leave With Pay: 1. Original /Electronic Copy- OTM, Employee Records and Transactions Section, Certificated; 2. Copy 1 - Employee; 3. Copy 2 - School; 4. Copy 3 - PRO; 5. Copy 4 - Payroll Office, Leave Accounting Section



APPLICATION FOR LEAVE OF ABSENCE CERTIFICATED SCHOOL- LEVEL EMPLOYEES - INSTRUCTIONS

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INSTRUCTIONS

1. All leave requests should clearly state reasons and pertinent details.
2. A separate DOE OTM 300-001 form should be submitted for each type of leave requested with the applicable dates documented.
3. All extended leaves must be for the SAME REASON as the original leave.
4. When requesting leave without pay for health reasons or if sick leave is more than five (5) consecutive work days, attach a licensed physician's statement or note verifying the employee's health condition. A separate licensed physician statement may be accepted for leave with pay for more than five (5) consecutive work days if the following statement is provided: "I certify that (Name of Employee) is under my care for health reasons and is not physically able to perform his/her normal work duties from _____ to _____."
5. If leave is requested because of critical illness or death in the immediate family, the name, residence, and the exact relationship must be given. In addition, if for critical illness in the immediate family, then an accompanying statement clearly stating the imperative need of the employee's presence at the bedside is needed.

ROUTING FOR ALL LEAVE WITH PAY

For teachers only:

1. Teacher calls in absence to the Teacher Substitute Employees Automated System (T-SEAS) **and**
 2. Teacher completes the DOE OTM 300-001 form for the principal or immediate supervisor's approval.
 3. For absence(s) called into T-SEAS, school files and keeps the original form.
- For absences(s) **not** called into T-SEAS, school files and keeps the original form. Also, school reports and inputs absence(s) into T-SEAS.
- Exception :** For long-term leave of absence with pay for one month or more, employee and school process request as noted above **and** school forwards a copy of the DOE OTM 300-001 form to the Personnel Regional Office.

For school level educational officers (EOs) only:

1. Employee completes the DOE OTM 300-001 form for the principal/CAS approval.
2. School inputs approved leave of absences in Kronos Time & Attendance Data System and files the original form.

ROUTING FOR ALL LEAVE WITHOUT PAY AND MILITARY LEAVE WITH PAY

1. The employee submits the DOE OTM 300-001 form and supporting attachment(s) to the principal or immediate supervisor.
2. Employee reports all absences in T-SEAS. If employee is unable to report absence, SASA/timekeeper will report absence.
3. The principal or immediate supervisor, after recommendation for approval, submits the original DOE OTM 300-001 form and any supporting attachment(s) to the Personnel Regional Officer.
4. The Personnel Regional Officer, after approval action, sends the original form with any attachments to the OTM, Certificated Employee Records and Transactions Section and makes copies and distributes according to the distribution line noted in the footer of the form.

GENERAL INFORMATION

The following is provided as general information. Employees are advised to review the specific regulations and procedures in the Department's Procedures and Regulations to understand the terms, conditions, and employee responsibilities that apply to their leave situations.

A. Employee Responsibility While On Leave

1. Keeps the Department informed of intent to return by writing and submitting directly to the Department (school principal or Personnel Regional Officer) at least ninety (90) days prior to the expiration date of his/her leave.
2. Keeps the Department informed of current leave address to ensure that he/she receives all correspondence sent to him/her by the Department.
3. Initiates direct monthly payment(s) to maintain Health Fund Benefits as required during leaves of absence without pay.

B. Requesting Early Return From Leave (Reference: Department's Procedures and Regulation #5400)

Prior to returning to work, the employee must submit a written request to the Office of Talent Management specifying the following:

1. Date of availability
2. Acceptable school/office locations
3. Present period of leave (beginning and ending dates)
4. School/office from which leave was taken
5. Teaching specialty (e.g., elementary, secondary, English, etc.), if applicable
6. Present telephone number and address

If requesting early return from leave for health reasons, the employee also submits a medical examination clearance such as a doctor's note stating employee is physically fit to return to his/her duties.

C. Failure to Return to Duty

Unless additional leave is granted, an employee who fails to return to service upon expiration of his/her leave will be terminated. All guarantee rights are forfeited upon termination.