

LEAVE OF ABSENCE CHART

- All leaves require prior notification and/or approval, as appropriate, by the Principal/Supervisor. Exceptions: Illness/Emergencies.
- Some leaves, as noted, require additional review and approval.
- DOE OTM 300-001 for School level Certificated employees; Form G-1 for Classified/12-mon state/district EO;
- * Leave forms not required; ** Leave code for T-SEAS only, leave forms not required.
- Employee Type: Cert = Certificated; Class = Classified; Tchr = Teacher; Prin = Principal/Supervisor; VP = Vice Principal; EO = Educational Officer
- TnA Form 7 Leave Code Description on drop down menu (to be selected) if differs as listed under "Type of Leave"

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X	X	X	X	X	X	35	w	Administrative Leave--DOE (AdmDOE)			Superintendent/CAS/AS directed.	Board of Education (BOE) Policy 305-6.
X	X	X	X	X	X	36	A	Administrative Leave - Governor/State (AdmGov)			Governor directed. Superintendent declares school closures. Used prior to 7/1/17.	Governor Executive Order. Sch Code 5412.
	X BU 03, 04, 13 Only	X BU 03, 04, 13 Only				80	O	Blood Donation - Leave with Pay			Prior approval needed. "Reasonable amount of Timeoff"	Applicable BU Contracts.
X	X	X	X	X	X	33	N	Board & Commissions Leave – Appointed by the Governor; Leave with Pay	Copy of Notification of Meeting or Letter from Governor's Office.			HRS 78-4.
X	X	X	X	X	X	68	o	Bone Marrow Donor - Leave with Pay	State of Hawaii Physician or Health Care Provider Certification for Donor Leave; OR Certification by physician required.	Max: Seven (7) days per calendar year.		HRS 78-23.6.
X Teacher Only			X			50** T-SEAS Only	e (Act Spon By DOE)	Change of Workstation – Non-Leave (Supt Approved Activity)			As approved by Superintendent. Statewide Student Activities – RESTRICTED USE (only for approved programs with no established State-Funded accounts.) - Head Coach at Same School, State Tournaments only - Science Fairs - Spelling /Geography Bees - Band Festival (Neighbor Islands Only) Unauthorized use of code must be corrected within one month of notification.	Sch Code 5411.
X Teacher Only			X			51** T-SEAS Only	C (Act Spon By Schl)	Change of Workstation – Non-Leave (School Approved Activity)	Memo to OFS-Accounting - School or office that pays for the substitute must send an advanced memo to accounting with an 8-digit Program I.D.; i.e. XXXXX + XXX (Program I.D. + Cost Center). No memo is needed for use of the school's own 5-digit Program I.D.		As approved by Principal. Activities Sponsored by the School – Student Participation Required (School Funded). - Coaching – Pre-season or During Season - Chaperoning - Excursions/Field Trips - Camp Chaperone (Intra-state/Inter-island) - End of Year Security - Outreach Substitutes - Band – Macy's, etc.	Sch Code 5411.

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X Teacher Only			X			52** T-SEAS Only	e (Act Spon By DOE)	Change of Workstation – Non-Leave (Official Duty - Supt/CAS Approved)			As approved by CAS or AS or Superintendent. Performance of Official Duty – Change of Work Station RESTRICTED USE (ONLY FOR APPROVED PROGRAMS WITH NO ESTABLISHED State-Funded accounts). - Key Position Officers or Awardees of National Organizations (Out-of-State Travel Approved by Superintendent) - Approved Hearing, Subpoena - Statewide Advisory Committee Report to an Alternate Site (Hanalei bridge out, report to another school). Unauthorized use of code must be corrected within one (1) month of notification.	Sch Code 5411.
X Teacher Only			X			53** T-SEAS Only	C (Act Spon By Schl)	Change of Workstation – Non-Leave (Workshop-School Funded)	Memo to OFS-Accounting - School or office that pays for the substitute must send an advanced memo to accounting with an 8-digit Program I.D.; i.e. XXXXX + XXX (Program I.D. + Cost Center). No memo is needed for use of the school's own 5-digit Program I.D.		As approved by Principal. Activities Sponsored by the School – No Student Participation Required (<u>School Funded</u>). - Workshops - Conferences (In-State approved by Supervisor; Out-of-State as approved by CAS, or AS or Superintendent.)	Sch Code 5411.
X Teacher Only			X			54** T-SEAS Only	n (Inservice Training)	Change of Workstation – Non-Leave (Workshop-State/District Funded)	2-WEEK ADVANCE NOTICE – Sponsor sends memo to OFS Accounting - School or office that pays for the substitute must send an advanced memo to accounting with an 8-digit Program I.D.; i.e. XXXXX + XXX (Program I.D. + Cost Center).		As approved by Principal. In-service Training and Recognition/Special Events (District & State Sponsored & Funded.) - Workshops - Conferences	Sch Code 5411.
X Teacher Only			X			55** T-SEAS Only	(N/A)	Change of Workstation – Non-Leave (Error Code)	T-SEAS leave code only; no leave form required. School's own 5-digit Program I.D. required.	Compensation for substitute teacher: Max: One (1) day Min: One (1) hour	Rectify Error Code. Examples: Teacher failed to cancel absence, substitute reports to work; cancelled absence, failed to notify substitute (<u>School Funded</u>).	
X Teacher Only			X			56** T-SEAS Only	(N/A)	Change of Workstation – Non-Leave (Vacant Position)	T-SEAS Vacant Position Request Form.		Vacant Position – Substitute Teacher Required (<u>State Funded</u>).	
X Teacher Only			X			57** T-SEAS Only	(N/A)	Change of Workstation – Non-Leave (Temporary Assignment)			As approved by CAS. Temporary Assignment (<u>State Funded</u>). - Teacher is Temporarily Assigned for Principal/VP.	

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
	X BU03/BU04 Only	X				60	T	Compensatory Time Off	Individual Time Sheet (Form D-55). Request for Overtime (Form BP-2).	Max: Determined by the available compensatory leave balance.	Employee must be authorized for payment for overtime, but choosing to convert hours to comp time instead at the rate of 1 and 1/2 hours of comp time credit for each hour of OT work. Shall be mutually agreed by Supervisor.	Applicable BU Contracts.
X			X	X	X	40	f (Critical-Imminent Death Leave)	Critical Illness/Imminent Death Leave - Leave with Pay	Letter stating: 1) illness is critical and certified by signature of licensed physician. 2) relationship as an immediate family member. 3) the imperative need of the employee's presence at the bedside (must accompany the leave form).	Max: Three (3) days. If out of state may be five (5) days (three [3] days for critical leave and two [2] days for travel time).	For immediate family member Relations include: Spouse, Civil Union Partner, Reciprocal Beneficiary, Parent (biological, adoptive, parent-in-law, step parent, legal guardian, biological or adoptive grandparent, biological or adoptive grandparent-in-law), Child (biological, adoptive, or foster, step child, legal ward of the employee), Siblings, Grandchildren, Hana. Critical illness leave must be taken before the relation expires. Doctor's letter is the supporting document (Death Certificate does not qualify as a supporting document).	Sch Code 5411.
X			X	X	X	81* No Leave Form required.	D (Dept Directed Lv - Paid)	Department Directed Leave (DDL) - Leave with Pay	Authorization letter as directed by CAS, AS or Superintendent.		Letter to OTM will generate Form 5 (do not submit leave form).	Applicable BU Contracts. Sch Code 5411.
X Teacher Only		X BU 01 Only	X			96	<	Directed Leave Without Pay (DLWOP)		Designated days/dates: Teachers 10-month 7.5 days 12-month 9 days. BU 01 - see memos for dates.	Non-instructional days of no work, non-paid days. OTM distributed separate memos to the field for UPW members in 2011 and 2012.	Teachers - 2011-2013 Implementation of Employer's Last Best Final Offer to HSTA.
X	X	X	X	X	X	34	R (Disaster Leave)	Disaster Relief - Leave with Pay	Application for Leave to Provide Disaster Relief Services (HRD Form G-1/DR).	Max: Thirty (30) days.	Designated Level III or higher by American Red Cross and declared by President of U.S.A. or declared state emergency by Governor. Must be a certified American Red Cross disaster volunteer. Governor must approve leave.	HRS 78-23.5.

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X	X	X	X	X	X	13	a (Family Leave - Sick)	<p>Family Leave – charged to Sick Leave</p> <p>Hawaii Family Leave Law (HFLL) allows for use of paid leave of absence if leave balance available to use.</p>	<p>One of the following:</p> <p>Federal form WH-380F, <i>Certification of Health Care provider for Family Member's serious Health Condition (Family and Medical Leave Act)</i></p> <p>Health care provider documentation certifying date of childbirth.</p> <p>Legal documentation of the date of placement for adoption or foster care of a child.</p>	<p>Max: Twenty (20) paid days per year (combination of accrued sick and vacation).</p> <p><u>School Level Cert:</u> Must ONLY be taken in full days.</p> <p><u>State/District EO:</u> Min: One (1) hour.</p> <p><u>Class:</u> Min: One (1) hour.</p>	<p>See Family and Medical Leave Act (FMLA) and Hawaii Family Leave Law (HFLL) - Reference Materials, Forms, and Instructions.</p>	<p>Hawaii Revised Statute (HRS) 398.3.</p> <p>Sch Code 5411 .</p>
		X	X	X	X	23	b (Family Leave - Vacation)	<p>Family Leave – charged to Vacation Leave</p> <p>Hawaii Family Leave Law (HFLL) allows for use of paid leave of absence if leave balance available to use</p>	<p>One of the following:</p> <p>Federal Form WH-380F</p> <p>Health care provider documentation certifying date of childbirth.</p> <p>Legal documentation of the date of placement for adoption or foster care of a child.</p>	<p>Max: Twenty (20) paid days per year (Combination of accrued sick and vacation).</p> <p><u>School Level Cert:</u> Must ONLY be taken in full days.</p> <p><u>State/District EO:</u> Min: One (1) hour.</p> <p><u>Class:</u> Min: One (1) hour.</p>	<p>See Family and Medical Leave Act (FMLA) and HFLL - Reference Materials, Forms, and Instructions.</p>	<p>HRS 398.3.</p> <p>Sch Code 5411.</p>
X	X	X	X	X	X	93	() (LWOP HFLL)	<p>Family Leave (HFLL - no paid leave balance available to use) - Leave without Pay</p>	<p>One of the following:</p> <p>Federal form WH-380F.</p> <p>Health care provider documentation certifying date of childbirth.</p> <p>Legal documentation of the date of placement for adoption or foster care of a child.</p>	<p>Max: Twenty (20) days per year (Combination of paid and unpaid leave).</p> <p><u>School Level Cert:</u> Must ONLY be taken in full days.</p> <p><u>State/District EO:</u> Min: One (1) hour.</p> <p><u>Class:</u> Min: One (1) hour.</p>	<p>See Family and Medical Leave Act (FMLA) and Hawaii Family Leave Law (HFLL) - Reference Materials, Forms, and Instructions.</p>	<p>HRS 398.3.</p> <p>Applicable BU Contracts.</p> <p>Sch Code 5411.</p>
X	X	X	X	X	X	94	() (LWOP FMLA)	<p>Federal Family Leave and Medical Leave Act (FMLA) - Leave without Pay</p>	<p>One of the following:</p> <p>Federal form WH-380E, <i>Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)</i>.</p> <p>Federal form WH-380F</p> <p>Health care provider documentation certifying date of childbirth.</p> <p>Legal documentation of the date of placement for adoption or foster care of a child.</p>	<p>Max: Twelve (12) weeks per year.</p> <p>Concurrent with HFLL, twelve (12) weeks total of which up to twenty (20) days paid leave (if leave balance available to use).</p>	<p>See Family and Medical Leave Act (FMLA) and Hawaii Family Leave Law (HFLL) - Reference Materials, Forms, and Instructions.</p>	<p>Federal FMLA 1993.</p>

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X	X	X	X	X	X	85	+	Families First Coronavirus Response Act (FFCRA) Employee Paid Sick Leave Act (EPSLA) 100% Pay "EPSLA-100"	Form DOE OTM 300-030 & Applicable Leave Request Form (DOE OTM 300-001 or G-1)	Max: Ten (10) work days used within two (2) week time period. Employees must take all ten (10) days consecutively in full day increments, unless the reason for leave has ended.	Employee is unable to work or telework, may use EPSLA for the following qualifying reason(s). Employee: 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; 2. has been advised by a health care provider to self-quarantine related to COVID-19; 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); FFCRA Effective: April 1, 2020 to December 31, 2020	Families First Coronavirus Response Act (FFCRA) March 18, 2020
X	X	X	X	X	X	86	^	Families First Coronavirus Response Act (FFCRA) Employee Paid Sick Leave Act (EPSLA) 66.7% Pay "EPSLA-66.7"	Form DOE OTM 300-030 & Applicable Leave Request Form (DOE OTM 300-001 or G-1)	Max: Ten (10) days used within two (2) week time period. Employees may take intermittently in full day increments at 2/3 pay, may supplement 1/3 pay with their own vac/sick/comp time leave.	Employee is unable to work or telework, may use EPSLA for the following qualifying reason: 5. Employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; FFCRA Effective: April 1, 2020 to December 31, 2020	Families First Coronavirus Response Act (FFCRA) March 18, 2020
X	X	X	X	X	X	88	\	Families First Coronavirus Response Act (FFCRA) Emergency Family Medical Leave Expansion Act (EFMLEA) "EFMLEA-66.7"	Form DOE OTM 300-030 & Applicable Leave Request Form (DOE OTM 300-001 or G-1)	Max: Ten (10) weeks to be used concurrently with FMLA's 12 total weeks per year. Employee may take intermittently in full day increments at 2/3 pay, may supplement 1/3 pay with their own vac/sick/comp time leave.	Employee is unable to work or telework, may use EPSLA for the following qualifying reason: 5. Employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; FFCRA Effective: April 1, 2020 to December 31, 2020	Families First Coronavirus Response Act (FFCRA) March 18, 2020

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
		X	X	X		61	r Used only in 2005	Floating Holiday/Extra Holiday		One (1) day.	OTM distributed separate memos to the field for HGEA, United Public Workers (UPW), and Hawaii State Teachers Association (HSTA) members. <u>12-month Cert:</u> HSTA members were not given a deadline for designating their floating holiday. <u>HGEA:</u> deadline for designating their floating holiday was 02/23/05. <u>UPW:</u> deadline for designating their floating holiday was 03/31/05. Once the date is designated it is treated like any other holiday.	Memo: "Two Holidays Observed on the Same Day for School Year 2004-2005," dated May 5, 2005.
X Teacher Only			X			61	H	Floating Holiday/Extra Holiday		One (1) day.	<u>Teacher only:</u> The first holiday shall be observed in the normal manner and the second holiday shall be on the next workday of the official calendar.	BU 05 Contract.
X	X					61	r Used only in 2005	Floating Holiday/Extra Holiday (Please note exception for the SFSM)		One (1) day.	Submittal of leave form not required per DOE Labor Relations. <u>Cert:</u> Personnel distributed a memo to the field. Employees will be released one day earlier than the school year was supposed to end. <u>School Food Services Manager (SFSM):</u> Exception was made for the SFSMs. They were authorized to select a day off; therefore they are required to submit a Form G-1 for the absence.	Memo: "Two Holidays Observed on the Same Day for School Year 2004-2005," dated May 5, 2005.
X	X	X	X	X	X	99	k (Military FMLA - Act Duty)	FMLA (Call to Active Duty-Military) - Leave without Pay	Form WH-384 - <i>Certification of Qualifying Exigency for Military Family Leave.</i>	Max: Twelve (12) weeks per calendar year.	Employee's spouse, son, daughter, or parent who is a member of the Armed Forces including the National Guard and Reserves and who is on covered active duty.	Federal FMLA 1993; Amended January 2008.
X	X	X	X	X	X	98	I (Military FMLA - Caregiver Leave)	FMLA (Caregiver Leave - Military, Veteran) - Leave without Pay	Form WH-385 - <i>Certification for Serious Injury or Illness of Covered Service Member-- for Military Family Leave (Family and Medical Leave Act).</i> Form WH-385-V - <i>Certification for Serious Injury or Illness of a Veteran for Military Caregive Leave (Family and Medical Leave Act).</i>	Max: Twenty-six (26) weeks per calendar year.	Employee's spouse, son, daughter, or parent who is a member of the Armed Forces including the National Guard and Reserves and who is on covered active duty.	Federal FMLA 1993; Amended January 2008.
X	X	X	X	X	X	65	K	Foster Parent Leave - Leave with Pay	Certification as Foster Parent issued by DHS. Family Court official notice. Contact information of Social Worker.	Max: Up to Eight (8) hours per calendar year.	Employee must be the licensed Foster parent.	HRS 587.

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X	X	X	X	X	X	42	F	Funeral Leave (In State) – Leave with Pay		Max: Three (3) days.	For immediate family member Relations include: Parents, Siblings, Spouse, Children, Parents-In-Law, Grandparents, Grandchildren, Hanai. Please refer to BU contracts re: Hanai relation and only one mother/one father. State employee’s relationship to the deceased on the leave form. Death in the Family - Leave with Pay. (UPW Only).	Applicable BU Contracts. Sch Code 5411.
X			X	X	X	43	F	Funeral Leave (Out of State) – Leave with Pay		Max: Five (5) days.	For immediate family member Relations include: Parents, Siblings, Spouse, Children, Parents-In-Law, Grandparents, Grandchildren, Hanai. Please refer to BU contracts re: Hanai relation and only one mother/one father. Indicate employee’s relationship to the deceased on the leave form.	Applicable BU Contracts. Sch Code 5411.
X			X	X	X	41	F	Funeral Leave for Relative - Leave with Pay		Max: One (1) day.	Not immediate family. Indicate employee’s relationship to the deceased on the leave form.	Applicable BU Contracts. Sch Code 5411.
X Teacher Only			X			45** T-SEAS Only	h	Half Day Absence – Leave with Pay	T-SEAS leave code only. No leave form required; teacher is considered present for the day.	Unexpected illness occurs after being on regular duty for at least three (3) hours.	Use leave code only if substitute teacher is required. As approved by principal. Must be sudden illness, not scheduled doctor’s appointment.	Sch Code 5404.
X Teacher Only			X			64* No Leave Form required.	r (Leave Share - HSTA)	HSTA Maternity/Paternity Leave Share	<i>Licensed Physician’s Certification for Teachers Maternity/Paternity Leave Sharing Program (DOE OTM 300-016(a)).</i>	Max : Up to sixty (60) days per school year.	HSTA (BU 05) only. Submit Maternity/Paternity Leave Share application to OTM for approval. OFS compiles and processes donations. Only BU 05 members able to donate. Entered by SASA after donations are processed by OFS-Leave Management Unit.	BU 05 Contract.
X	X	X	X	X	X	82* No Leave Form required	m (Workers Comp Ind Med Exam)	Independent Medical Exam – Workers Compensation Related			DO NOT submit leave forms to OFS-Payroll. Report directly to the OTM-Workers’ Compensation Section.	

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X VP Only						89* No Leave Form required	u	Informal Personal Leave (BU 06 ONLY) – Leave with Pay		Max: Two (2) days.	VP ONLY.	Sch Code 5204.4.
X	X	X	X	X	X	39	J (Court - Jury Leave)	Jury Duty - Leave with Pay	Jury Service Slip.			Applicable BU Contracts. Sch Code 5413.
	X	X				81* No Leave Form required.	B (PLA Pend Invest)	Leave Pending Investigation (LPI) - Leave with Pay	As directed by letter of CAS, AS or Superintendent.		Letter to OTM will generate Form 5 (do not submit leave form).	Applicable BU Contracts.
	X	X				90* No Leave Form required.	L (LWOP Authorized) with add comment	Leave Pending Investigation (LPI) - Leave without Pay	As directed by letter of CAS, AS or Superintendent.	Max: Up to thirty (30) days.	Letter to OTM will generate Form 5 (do not submit leave form).	Applicable BU Contracts.
X	X	X	X	X	X	66* No Leave Form required.	%	Leave Share - Self	Licensed Physician's Certification Form for Leave Share (DOE OTM 300-003(a)).	Max: Determined by the number of days OTM authorized and the number of donation days received. Lifetime Max: 240 days (12-month) 190 days (10-month).	Submit Leave Share application to OTM for approval. Entered by SASA after donations are processed by OFS-Leave Management Unit.	HRS 78.26. HAR Chapter 8-63-8.
X	X	X	X	X	X	67* No Leave Form required.	P (Leave Share - Family Member)	Leave Share - Care for Family Member	Licensed Physician's Certification Form for Leave Share (DOE OTM 300-003(a)).	Max: Determined by the number of days OTM authorized and the number of donation days received. Lifetime Max: 240 days (12-mon) 190 days (10-mon).	Submit Leave Share application to OTM for approval. Entered by SASA after donations are processed by OFS-Leave Management Unit.	HRS 78.26. HAR Chapter 8-63-8.
		X	X	X	X	28* No Leave Form required.	v	Leave Share Donation – charged to Vacation Leave		Max: Ten (10) days per year.	Deduction is reported by submission of the <i>Leave Sharing Donation Form</i> DOE OTM 300-002. Received donations once processed is irrevocable. Donor must have an accumulated balance of at least ten (10) days of vacation leave after the donation is made. Employees that earn vacation leave must donate vacation leave. Adjustments entered by OFS-Leave Management Unit.	HRS 78.26. HAR Chapter 8-63-8.

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X	X					18* No Leave Form required.	s	Leave Share Donation – deducted from Sick Leave		Max: Ten (10) days per year.	Deduction is reported by submission of the Form DOE OTM 300-002, <i>Leave Sharing - Donation</i> . Received donations once processed is irrevocable. Donor must have an accumulated balance of at least thirty (30) days of sick leave after the donation is made. Adjustments entered by Office of Fiscal Services (OFS)-Leave Management Unit.	HRS 78.28. Hawaii Administrative Rules (HAR) Chapter 8-63-8.
X	X	X	X	X	X	90	L (LWOP Authorized) with add comment	Leave without Pay (Reasons in Remark Section)		<u>Cert:</u> Short term: Thirty (30) calendar days or less Long-term: more than thirty (30) calendar days until end of semester or school year. <u>Approved by</u> Principal/Supervisor and CAS/AS. <u>Class:</u> Approval by Principal/Supervisor.	Notify Payroll when employee goes on LWOP. Death in Family, Delay Planned Layoff, Employment at State Legislature, Extended Vacation for Travel, Rest, or Recreation, Funeral or Death Outside the State, Illness, Improving Ability and Increasing Fitness, Industrial Injury, Loan to Another Government Agency, Personal Business of Emergency Nature, Pre-Natal Care, Child Care, Child Adoption, Care for Family Member ill or injured, Care for spouse, parent, grandparent, Pursue Course of Instruction, Research, Seeking Political Office, Temporary Intergovernmental Assignment, U. S. Military Service (no more than 5 years), Union Business, Witness (Outside Employment or Personal Business), Certain Appointed positions, other reasons which Principal considers reasonable, provided the normal operations and educational programs are not disrupted or adversely affected.	Applicable BU Contracts. Sch Code 5401.
X	X	X	X	X	X	31	M (Military PLA)	Military Leave With Pay – Active Duty Recall/Inactive Duty Training	Copy of Military Orders.	Max: Fifteen (15) working days per calendar year.	Submit Form DOE OTM 300-001, <i>Application for Leave of Absence Certificated School-Level Employees / Form DOE G-1 Application for Leave of Absence</i> to Office of Talent Management (OTM)-Employee Records & Transactions Section.	HRS 78-16.5. Applicable BU Contracts. Sch Code 5410.
X	X	X	X	X	X	69	q (Organ Donation - TO)	Organ Donor - Leave with Pay	State of Hawaii Physician or Health Care Provider Certification for Donor Leave; OR Certification by physician required.	Thirty (30) days per calendar year.		HRS 78-23.6.

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X	X	X	X	X	X	37	E	Parent-Teacher Conference - Leave with Pay		Total of two (2) conferences per child per calendar year, up to two (2) hours per conference.	10 month/12 month Tchr: Cannot have substitute teacher. Travel time shall be included in the two (2) hours permitted.	HRS 78-31. Administrative Directive.
X Teacher Only	X		X			16	Y	Personal Leave – charged to Sick Leave		<u>Cert</u> : Max: Six (6) days per school year (Combined with Professional Development [PD] Leave). <u>Class</u> : Min: One (1) hour.	<u>Cert</u> : Forty-eight (48) hours prior notification is required except for emergencies; up to four (4) days may be taken in 0.50 day increments, otherwise full day must be taken. <u>VP</u> : Not applicable. <u>Class</u> : Prior approval required; may take minimum of one (1) hour.	Applicable BU Contracts.
X Teacher Only			X			17	Z	Professional Development – charged to Sick Leave	Documents accompany form to verify PD.	Max: Six (6) days per school year (Combined with Personal Leave).	Must get principal/supervisor’s prior approval one (1) week in advance. Taken in full day increments. <u>VP</u> : Not applicable.	BU 05 Contract.
X VP Only				X	X	84	X	Professional Improvement Leave (BU 06 ONLY) – Leave with Pay		Max: Up to six (6) months full pay; up to one (1) year half pay.	Application for professional improvement leave is submitted to OTM- Employee Records and Transactions Section. Reported to OFS-Payroll by Form 5. Employee does not earn leave credits during this time. For Professional Improvement LWOP *See leave code 90 for LWOP.	BU 06 Contract. Sch Code 5407.
X Teacher Only			X			70* No Leave Form required.	y	Release Time (Negotiations) - Leave with Pay	Authorization letter to DOE.		HSTA (BU 05) ONLY. Union letter to Superintendent. As approved by Superintendent/OTM-Negotiations Section.	BU 05 Contract.
		X	X	X	X	24* No Leave Form required.	(N/A)	Repay overpayment – charged to Vacation Leave			Do not submit leave forms. There is an agreement (form) that must be signed by employee and authorizing authority from OFS-Operations Section.	

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X Teacher Only	X	X	X			83	G	Sabbatical Leave - Leave with Pay		<u>Cert:</u> Max: Up to six (6) months full pay; up to one (1) year half pay. <u>Class:</u> Max: One (1) year half pay.	Application for sabbatical leave is submitted to OTM-Employee Records and Transactions Section. Reported to OFS-Payroll by Form 5. Employee does not earn leave credits during this time.	Applicable BU Contracts. Sch Code 5406.
X	X	X	X	X	X	12	S	Sick Leave – illness	Doctor's note required if: <u>Cert:</u> Absence is more than five (5) working days. <u>Class:</u> Absence is five (5) consecutive full days or more due to illness.	As accumulated. <u>Cert School Level:</u> Absence taken in full days. <u>Class: UPW:</u> Min: One (1) hour .	<u>Teacher only:</u> A teacher who leaves school because of unexpected illness may be considered present for the day after being on regular duty for at least three (3) hours. (see leave code 45). <u>Bargining Unit (BU) 01:</u> Increase in hours-Use T&A code when half time BU 01 employee uses sick leave when they should have been doing classroom cleaning.	Applicable BU Contracts. School Code (Sch Code) 5404.
						30	>	Supplementary Time Off (STO)		Monthly Hrs Wkd: 1-88 = 3 hrs add'l 89+ = 6 hrs add'l.	Used in School Year 2011-2012 and 2012-2013.	Hawaii Government Employees Association (HGEA) - Supplementary Time-Off Implementation Plan.
X	X	X	X	X	X	91* No Leave Form required.	L (LWOP Authorized) with add comment	Suspension - Leave without Pay	As directed by letter of CAS, AS or Superintendent.		Letter to OTM will generate Form 5 (do not submit leave form).	Applicable BU Contracts.
X	X	X	X	X	X	92* No Leave Form required.	t (Temporary Disability)	Temporary Disability Insurance (TDI) - Extra Sick Leave	Claim for Temporary Disability Insurance Form DOE OTM 900-001.		As approved by OTM.	Sch Code 5405.
X	X	X	X	X	X	82* No Leave Form required.	m (Workers Comp Treat App Ind Inj)	Treatment for Approved Industrial Injury - Leave with Pay	Time-Off for Treatment of Industrial Injury (DPS Form 412).	Max: Two (2) hours unless authorized by WC authority.	DO NOT submit leave forms to OFS-Payroll. As approved by Principal. Injury covered by Workers' Comp. Report absences directly to the OTM-Workers' Compensation Section.	
X	X	X	X	X	X	95* No Leave Form required.	U (LWOP Unauthorized)	Unauthorized Absence/Strike - Leave without Pay			Letter to OTM will generate Form 5 (do not submit leave form).	Applicable BU Contracts . Sch Code 5402.
X Teacher Only			X			71* No Leave Form required.	Q	Union Business (BU 05 ONLY) - Leave with Pay	Authorization letter to DOE.		HSTA (BU 05) ONLY. Union letter to Superintendent. As approved by Superintendent/OTM-Labor Relations Section.	BU 05 Contract.

LEAVE OF ABSENCE CHART

10-mon Cert (Tchr/VP)	10-mon Class	12-mon Class	12-mon Tchr	12-mon Prin	12-mon EO (State/Dist)	Leave Code	TnA Form 7 Code	Type of Leave	Attachments	Max/Min (based on 1.0 FTE)	Remarks	Legal Authority
X VP Only				X	X	72* No Leave Form required.	Q	Union Business (BU 06 ONLY) – Leave with Pay	Authorization letter to DOE.		HGEA (BU 06) ONLY. Union letter to Superintendent. As approved by Superintendent/OTM-Labor Relations Section.	BU 06 Contract. Sch Code 5407.
	X	X				73* No Leave Form required.	Q	Union Business (Other Units) – Leave with Pay	Authorization letter to DOE.		Union letter to Superintendent. As approved by Superintendent/OTM-Labor Relations Section.	Applicable BU Contracts.
						80* No Leave Form required.	(N/A)	Union Business (Use for Union Business prior to 1997) – Leave with Pay	Authorization letter from DOE – OTM-Labor Relations Section.		Union letter to Superintendent. As approved by Superintendent/OTM-Labor Relations Section.	Applicable BU Contracts.
		X	X	X	X	29* No Leave Form required.	z	Vacation Forfeiture			Automatically deducted when employee's vacation balance is over 90 days at the end of the calendar year.	
		X	X	X	X	20	V	Vacation Leave		Tchr/Prin Certificated School Level: Must be taken in full days. Class: Min: One (1) hour.	Prior approval required. BU 01: Increase in hours-Use T&A code when half time BU 01 employee uses vacation when they should have been classroom cleaning.	Applicable BU Contracts. Sch Code 5403.
X	X	X	X	X	X	90	L (LWOP Authorized) with add comment	Victims Leave - Leave without Pay	Certification from licensed practioner estimating number of leave days necessary for treatment.	Max: Thirty (30) days.	If employee is victim, medical certificate of clearance attesting fit to return to work.	HRS 378-72.
X	X	X	X	X	X	38	j (Court-Witness Leave)	Witness Duty - Leave with Pay	Service Slip and Subpoena or Letter.		Outside employment or personal matters not applicable.	Applicable BU Contracts. Sch Code 5413.
X	X	X	X	X	X		p	Worker's Compensation - Leave without Pay			<u>For OFS-Payroll Worker's Compensation Only.</u>	
X	X	X	X	X	X		w	Worker's Compensation - Paid			<u>For OFS-Payroll Worker's Compensation Only.</u>	