

**APPLICATION FOR SABBATICAL LEAVE OF ABSENCE
FOR RESTORATION OF HEALTH**

DATE

NAME _____

POSITION _____

BUILDING _____

SUBJECT AREA _____

PERIOD(S) EMPLOYED BY SCHOOL DISTRICT _____

LEAVE REQUESTED _____

MEDICAL SUBSTANTIATION MUST BE ATTACHED

All sabbaticals are subject to the provisions of the Pennsylvania School Code, and, where the applicant is a STEA member, the collective Bargaining Agreement between the School District and the STEA.

I understand that if I currently have an extra duty responsibility appointment, that the EDR will be reassigned during my absence and I will have no claim to continued appointment to that EDR after my return.

I hereby certify that the information contained in this application is correct and that the purpose of the sabbatical leave of absence requested is as stated herein. I agree to abide by any and all rules and regulations regarding sabbatical leaves of absence and to return to my employment with the School District following the sabbatical leave of absence and to serve in such employment for a period of not less than one school term, unless prevented by illness or physical disability.

Professional Employee

EXCEPT IN CASES OF ILLNESS OR ACCIDENT, ALL APPLICATIONS FOR SABBATICAL LEAVE FOR THE FALL SEMESTER OF THE FOLLOWING SCHOOL YEAR OR THE FULL YEAR SHALL BE RECEIVED IN DISTRICT OFFICE BY MARCH 1 SIMILARLY, EXCEPT IN CASES OF ILLNESS OR ACCIDENT, ALL APPLICATIONS FOR SABBATICAL LEAVES FOR THE SPRING SEMESTER OF THE CURRENT SCHOOL YEAR SHALL BE RECEIVED IN DISTRICT OFFICE BY SEPTEMBER 1. THE DISTRICT MAY WAIVE THIS REQUIREMENT.

PURSUANT TO THE SCHOOL CODE, BOARD MAY REQUIRE MEDICAL EXAMINATION BY DISTRICT PHYSICIAN AT DISTRICT EXPENSE.