

**Academy School District 20
Instructional Staff Sabbatical Leave of Absence Application**

Submission Deadline Date for Application:

First Friday in December by 4:00 p.m. in the district Human Resources Department

This application is to be printed or typed in duplicate.

I. Personnel Data

Name: _____ Date: _____

Address: _____

City, State Zip: _____

Telephone: _____
School Home Cell

II. Professional Record

Date of starting work in Academy School District 20: _____

Years consecutive, including present: _____

Experience Record in Academy School District 20

Year(s) of Service	School	Grade, Subject, or Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experience Record Outside Academy School District 20

Year(s) of Service	School	Grade, Subject, or Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give purpose and date of previous leave(s) of absence without pay (include only leaves involving one or more semesters):

State the type of teaching certificate/license you now hold and indicate any listed endorsement areas:

III. Nature of Leave Requested

(Note: It is understood that a sabbatical leave is requested for the purpose of increasing the employee's value to the district through professional improvement. Please outline your program as requested below.)

A. Date of Leave

This leave is requested to be effective for the school year extending from _____ to _____. (give exact dates)

B. Nature of Activity During Leave

Indicate the nature of activities to be pursued during the requested sabbatical leave.

C. Outline of Plan

D. Values of the Plan

Please give reasons for desiring sabbatical leave and also discuss the anticipated contribution to the schools and pupils, which you feel, will result from your program of professional improvement:

IV. Signatures

A. Applicant certifies as follows:

I have read the Instructional Staff Sabbatical Leave policy and procedure governing a sabbatical leave of absence as set forth in this application. In requesting this sabbatical leave of absence,

_____ I agree to these regulations and statements of policy as conditions of an approved leave,

_____ I understand that the granting of such sabbatical leave is subject to approval of the Board of Education upon the recommendation of the Superintendent of Schools of the district,

_____ I also understand that if I fail to complete two years of employment in the district upon completion of a sabbatical leave, I will be required to repay to the district all of the funds spent by the district in support of the leave unless specifically waived by the Board of Education.

This application, if approved, and the agreements herein contained shall constitute an amendment to a certain employment agreement between the Board of Education of Academy School District 20 and me, dated, _____.

(Signature of Applicant)

B. Approval or Rejection by Principal

The principal shall sign this application form, indicating his or her approval or rejection, and shall return the form to the applicant for further action.

Check one: Approved _____ Rejected _____

Comments: _____

(Signature of Principal)

(Date)

NOTE: This page will be completed at the Central Office.

V. Disposition

Date application received by the Human Resources Department:

Month: _____ Day: _____ Year: _____

Sabbatical leave for _____
(name of applicant)

From: _____ To: _____
(month, day, year) (month, day, year)

A. Sabbatical Leave Committee Action:

Date: _____ (month, day, year)

Comments: _____

Committee Recommends: Approved _____ Rejected _____

(Chairperson, Sabbatical Leave Committee Signature)

B. Recommendation of the Superintendent:

Date: _____ (month, day, year)

Recommendation: Approved _____ Rejected _____

Sabbatical leave salary to be at the rate of: \$ _____ (per month)

(Superintendent of Schools Signature)

C. Board Notification: Date: _____ (month, day, year)

Recommendation: Approved _____ Rejected _____

(Board of Education Secretary Signature)