

**Old Forge School District
Sabbatical Leave Application**

Name: _____ Date: _____

Building: _____ Position: _____

Phone: _____ E-Mail: _____

Date(s) of any prior sabbatical leave(s): _____

Period to be covered by this sabbatical leave:

- First Semester of 20____/20____ school year
- Second Semester of 20____/20____ school year
- Full Semester of 20____/20____ school year
- Other (explanation required):

- Purpose of sabbatical leave: **Restoration of Health** – Attached hereto is a statement from my medical doctor attesting to the nature of my sickness/disability and need for a leave.
- Professional Development** – Attached hereto is an explanatory Prospectus and preliminary program of study.

I understand that this application is made in conformance with the provision for sabbatical leave as outlined in the Pennsylvania Public School Code and School Board Policies 338, 338.1, 438, 438.1, and Regulations. I signify by my signature that I agree to return to my employment with the Old Forge School District for a full school term immediately following this sabbatical leave.

Employee Signature: _____ **Date:** _____

For Administrative Office Use Only:

- Employee does qualify for a sabbatical Employee does NOT qualify for a sabbatical

Superintendent's Signature: _____ **Date:** _____