

PENNSBURY SCHOOL DISTRICT

REQUEST FOR SABBATICAL FOR RESTORATION OF HEALTH

Name: _____

Building: _____

Subject/Grade Level: _____

1. I will complete ____ years of service in the public schools of Pennsylvania.
Must be at least (10) at the time requested sabbatical leave begins.
2. I will complete ____ years of consecutive service in the Pennsbury School District.
Must be at least 5 years at the time my requested sabbatical leave begins.
3. It will be ____ school years since my last sabbatical leave was completed.
Must be at least 7 years. This is my initial sabbatical request.

The period to be covered by this sabbatical leave:

_____ First semester 20__ / 20__ school term

_____ Second semester 20__ / 20__ school term

_____ Other (Explain)

To qualify, the employee must have his/her physician complete the following statement:

PHYSICIAN'S STATEMENT

Name of School District Employee _____

Employee Address _____

Give detailed state of employee's:

Nature of illness or disability _____

Diagnosis _____

Plan of Restoration _____

In my opinion, the applicant will be able to return to full-time employment at the end of the proposed sabbatical leave. Yes No Uncertain

PHYSICIAN'S CERTIFICATION

I hereby certify that _____ has been under my professional care and that I have carefully examined said employee, and that he/she will benefit from a medical leave from his/her job during the period of the requested leave.

Physician Name

Physician Signature

Date

Street Address

City, State, Zip Code

AFFIRMATION SHEET

I understand that this application is made in conformance with the provisions for sabbatical leave as outlined in the Pennsylvania Public School Code and School Board Policy. I agree to:

1. Return to my employment with the Pennsbury School District for a period of not less than one school term immediately following the sabbatical leave of absence.
2. Comply with all other conditions imposed by the Pennsbury School District and Commonwealth of Pennsylvania while on sabbatical leave of absence.
3. Reimburse the Pennsbury School District for any salary and benefits costs received by me if I fail to fulfill the requirements and conditions for which my sabbatical leave is approved.

Employee Signature

Date

Principal or Supervisor

Date

Director of Human Resources

Date

Superintendent

Date