

THE SCHOOL DISTRICT OF THE CITY OF ERIE
REQUEST FOR SABBATICAL LEAVE
(under provisions of Section 1166 of the school code)

Professional Employee Name:

School: Position:

Period for which leave of absence is requested: Half School Term (semester) Full School Term

Beginning date: Ending Date:

List beginning and ending dates of any previous sabbaticals:

Number of years of service in Erie School District Schools:

Number of years of service in other Pennsylvania Schools:

Total Years of service in Pennsylvania Schools:

Purpose for which Sabbatical Leave is Requested (see 4B on previous page):

- Professional Development – attach registration for courses; prior to returning official transcripts must be submitted or you will forfeit your Professional Development Sabbatical
- Health – must submit a recommendation from a physician that the leave of absence is essential to employee

Note:

- The usual monthly retirement deductions will be taken from your salary while on Sabbatical so that your retirement status will be unaffected by your Sabbatical Leave.

By signing below you are indicating that your intention is to return to service for at least one year following this leave of absence.

Signature: _____

Date of Application: _____

Approval Signature: _____

Date: _____

Present Annual Salary: _____ Leave Salary (1/2 regular salary): _____