

APPLICATION FOR EDUCATIONAL/SABBATICAL LEAVE

Deadline: February 1 for the following academic year

In order for your request for an Educational or Sabbatical Leave for the next academic year to be considered, you must follow District Policy. Please indicate the type of leave you are applying for:

Educational Leave (DP332 NEG – Leave – Educational)
 Sabbatical Leave (DP333 NEG – Leave – Sabbatical)

Incomplete applications will not be considered. All requested information must be provided.

Name: _____ Date: _____

Social Security Number: _____ Telephone Number: _____

Address: _____
(street) (City) (State) (Zip)

Total Years of Teaching Experience: _____ Total Years in Jordan District: _____

Major field of study in college: _____

Current Assignment: _____ Placement on Salary Schedule: _____
(Location/School) (Position)

School/program you plan to attend: _____

Will you receive other funds such as government fellowships, stipends, etc.? Yes No

Specify type: _____

Indicate your reason for making application for Educational or Sabbatical Leave:

ATTACH AN OUTLINE OF YOUR PROGRAM OF STUDY (see page 2 of application).

In accordance with District Policy, this application must be filed with the Local Professional Improvement Committee through the Curriculum Department by February 1 to be considered for the following year. It is expected by the District that educators will notify the LPIC Committee of their anticipated date of return by February 15 of the year the leave is granted.

 Employee Signature

This application must include the principal's signature before it can be considered for approval. Sabbatical leave shall not extend beyond one (1) year. Educational leave will be granted for a period not to exceed two (2) years.

 Principal Signature

Do Not Write Below this Line - For District Office Use Only

 Chairman – LPIC Date: _____ Approved: Yes No

 Administrator – Human Resources Date: _____ Approved: Yes No

 Administrator of Schools Date: _____ Approved: Yes No

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Name: _____ Date: _____

How many quarters or semesters do you plan to enroll? _____
 (Please note: A minimum of 9 hours per quarter or semester constitutes full-time student status.)

List the classes you are planning to take each quarter/semester:

First (Fall 20____)	Second (Winter 20____ - 20 ____)	Third (Spring 20____)

Name of University Dept. Chairman or other educational supervisor: _____

Comments or further explanation of your educational program:

This application requires a recommendation from your immediate supervisor.

Name of person making recommendation: _____ Date: _____

School: _____ Phone: _____

Recommendation: _____

Signature of Principal / Supervisor: _____

Please note: If this leave will result in qualification for a salary lane adjustment, in accordance with District Policy DP309, you must submit your application to the Human Resources Department by April 15. This deadline will apply to the year of your return.