

Sabbatical Leave Application Form

Policy Code:

GCBD-E

Adoption Date:

Tuesday, November 27th, 2007

SABBATICAL LEAVE APPLICATION FORM

Name _____ Date _____

School _____ Current Assignment _____

Length of requested sabbatical leave (up to one year): _____

Reason(s) for requested sabbatical leave:

I fully intend to return to the Iron County School District at the conclusion of this leave if it is granted. I will notify the superintendent of my definite intentions to return by March 20 of the school year during which I am on sabbatical leave. I understand that my employment in the district will be conditional upon a position being available and that the position may not be the exact position I left.

Signed: _____ Date: _____

Please return this form to the superintendent before the regularly scheduled School Board meeting in the third week of March of the school year before the leave is being requested.