

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 17, 2012

REVISED:

338-AR-1. APPLICATION FOR SABBATICAL LEAVE FOR RESTORATION OF HEALTH

1. _____

Name	Position/Assignment	School/Building
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2. Date(s) of prior sabbatical leave(s) _____

3. Period to be covered by this sabbatical leave:
 - () First Semester 20__/20__ school year
 - () Second Semester 20__/20__ school year
 - () Full 20__/20__ school year
 - () Other (explain): _____

Restoration of Health – Attached hereto is a statement from my medical doctor attesting to the nature of my sickness/disability and need for leave as outlined in the Pennsylvania Public School Code and Board policy and regulations.

I signify by my signature that I agree to return to service in the _____ School District for a period not less than one (1) school term immediately after expiration of the leave. If I fail to return to service in the district following the sabbatical leave, I understand that I will reimburse the district for any salary and benefits costs while on leave, unless I am prevented by illness or physical disability to return to my employment upon the expiration of a sabbatical leave of absence.

Employee Signature

Date

APPROVED:

Secretary, Board of School Directors

Date