

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 17, 2012

REVISED: April 26, 2016

338.1-AR-1. APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE

1. _____
Name Position/Assignment School Building

2. Date(s) of any prior professional development leave(s) _____

3. Period to be covered by this professional development: **Circle your preferences below.**

First Semester 20__/20__ school year 1st choice 2nd choice Not interested

Second Semester 20__/20__ school year 1st choice 2nd choice Not interested

Full Year 20__/20__ school year 1st choice 2nd choice Not interested
(Note: The full year option is at half-pay.)

4. Type of professional development leave requested:

() Full-pay as defined by the collective bargaining agreement

() Half-pay as defined by the PA School Code of 1949

() Other (explain): _____

Professional Development – Attached hereto is an explanatory prospectus and proposed program of study in compliance with the Board’s 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 following such leave of absence. If I fail to return to service in the district following the 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 leave of absence.

Employee Signature

Date

APPROVED:

Superintendent / Date

Secretary, Board of School Directors / Date