

Application for Sabbatical Leave

This written application for sabbatical leave must be submitted to the Superintendent's Office prior to February 1 preceding the school year for which leave is requested.

NAME OF APPLICANT: _____

CURRENT ASSIGNMENT: _____
(Building) (Subjects/Grades)

YEARS OF ISD 77 TEACHING EXPERIENCE: _____

Have you been granted a previous sabbatical leave from ISD 77? ____ No ____ Yes, during: _____ (year)

PLEASE COMPLETE THE FOLLOWING (Add Additional Pages if Desired):

- Sabbatical leave is requested for what school year? _____
- Will a sabbatical leave be used for further *academic training toward an advanced degree*?
Yes ____ No ____ (IF NO, PROCEED TO SECTION 3)
In what institution and in what specific degree and program will you be enrolled? _____
How many semester credits do you need to complete this degree? _____
How many of those credits will you complete between September and June of the sabbatical leave year? _____
In what specific courses will you be enrolled? _____

How is the advanced degree program you are pursuing pertinent to your present position in the school system?

- Will a sabbatical leave be used for further *coursework which is not applicable toward a specific degree*?
Yes ____ No ____ (IF NO, PROCEED TO SECTION 4)
In what specific courses will you be enrolled? _____

At what institution? _____

(complete reverse side)

How many semester credits will you complete between September and June of the sabbatical leave year? _____

How are these courses pertinent to your present position in the school system? _____

4. Will a sabbatical leave be used for a program of study, research, writing, or travel or other opportunity (as opposed to coursework) which is directly related to your position in the school system? Yes _____ No _____

Will this activity be financed by an outside non-commercial agency? Yes _____ No _____

Identify the agency with which you will be affiliated. _____

During what period will you be engaged in this activity? _____

Please attach a breakdown of how your time will be used (e.g., description of activity and hours/day, days/week).

Describe the activity and state how it is pertinent to your position in the school system. _____

5. How will granting your request for sabbatical leave benefit the school district?

6. How will granting your request for sabbatical leave benefit you and improve your performance as an individual teacher? _____

I have read and agree to the conditions for sabbatical leave as set forth in the current Master Agreement between Independent School District 77 and the Mankato Teachers Association.

Applicant Signature _____

Date _____