## Northwestern Lehigh School District Request for Education Sabbatical Leave

Name:	Date of Employment:
Building:	Grade/Subject:
Sabbatical Leave is requested for:     Full School Year	
•	(dates)
	□ Half School Year(dates)
	ment with the Northwestern Lehigh School District
for a period of not less than one (1) school year after my sabbatical leave of absence. I acknowledge that I have read the following guidelines and requirements for an educational sabbatical leave as outlined below:	

**Date** 

**Employee Signature**