

**Northwestern Lehigh School District
Request for Restoration of Health Sabbatical Leave
Form 345.1**

To: Human Resources

Date: _____

Name: _____ Date of Employment: _____

Building: _____ Grade/Subject: _____

Sabbatical Leave is requested for: Full School Year _____
(dates)

Half School Year _____
(dates)

Medical documentation is attached.

Medical documentation will be submitted.

Employee Signature: _____ Date: _____