



# HUMAN RESOURCES DEPARTMENT

651-351-8340

[www.stillwaterschools.org](http://www.stillwaterschools.org)

1875 South Greeley Street  
Stillwater, MN 55082



Date: \_\_\_\_\_ **APPLICATION FOR SABBATICAL LEAVE**

1. Name: \_\_\_\_\_

2. Present Teaching Position: \_\_\_\_\_  
Title

\_\_\_\_\_ Building

3. Number of years of teaching experience (including this year) \_\_\_\_\_

4. Number of years of teaching experience in District 834  
(exclude years in which you had a leave of absence) \_\_\_\_\_

5. Highest Degree \_\_\_\_\_ B.A. \_\_\_\_\_ M.A. \_\_\_\_\_ Other

6. Credits beyond highest degree (specify quarter or semester) \_\_\_\_\_

7. Have you ever had a sabbatical leave granted by District 834? \_\_\_\_\_

8. Briefly describe any sabbatical leaves granted by any other district.

9. Please indicate your plans for sabbatical leave. Specify where you plan to go and identify the courses you plan to take.

10. Please describe why you feel this experience will benefit your teaching in District 834. (Keep in mind that the selection of candidates will be based largely on the benefit of the leave to the school district.) If your proposed sabbatical leave will allow you to change teaching emphasis or programs, please be sure to include this information in your description.

**Leave Blank**

Date Received \_\_\_\_\_

Ranking \_\_\_\_\_