

## Monomoy Sabbatical Leave Request Form

<b>Name</b>			
<b>School</b>			
<b>Current Position</b>			
<b>Sabbatical Start Date</b>		<b>Sabbatical End Date</b>	
<p><b>Outline the Plan for the Sabbatical, including activities, locations and dates of the activities.</b></p>          			
<p><b>What will the direct, identifiable, benefits be of this Sabbatical for the Monomoy Regional School District?</b></p>          			
<p><b>Beyond the staff member's pay, how will the sabbatical activities be funded? (List any scholarships, grants, or fellowships)</b></p>          			

**Please attach any supporting information:**

- Cover letter, if desired
- Documentation from the college about the academic program, if appropriate
- Letters of Recommendation from individuals familiar with the applicant and/or the sabbatical activities

**I wish to make a public request for this Sabbatical before the School Committee at an upcoming meeting.** (This is optional and will require public deliberation of the request by the School Committee. If requested, the applicant's request will be put on a School Committee agenda, per contract, within 45 days of receipt of the sabbatical request.)

- Yes
- No

**I understand that if granted a yearlong Sabbatical, I must provide to the Superintendent a mid-year report of progress on the outlined sabbatical plan on or before January 31.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Received <i>Contractually should be by Oct. 15 unless the timeline was waived</i>			
Received By			
Years of Service <i>circle the appropriate leave</i>		Half Pay up to 1 Year <i>after 7 years of service</i>	Full Pay up to 1 Year <i>After 14 years of service</i>
Decision	Approved		Denied
Date Approved or Denied <i>Contractually should be within 90 days of receipt of the request</i>			
Superintendent Signature			
Date Signed			