

To: Superintendent of Schools
Re: Sabbatical Leave for the Restoration of Health

I hereby apply for a Sabbatical Leave for the Restoration of Health:

The leave of absence shall be for a:

- _____ half school term (one semester)
_____ full school term (two semesters)
_____ two half terms (two semesters) over a period of two years.

Please indicate the term(s)/semester(s) for which you want the leave:

<u>Term(s)/Semester(s)</u>	<u>School Year(s)</u>
_____ Fall	_____
_____ Spring	_____

Please be certain to have your attending physician submit medical documentation recommending the sabbatical leave for the restoration of health.

I acknowledge the fact that the district reserves the right to refer me to a physician of its own choosing for medical examination at the district's expense upon receipt of this application.

I further agree that I will have my attending physician submit a report on my health condition at the close of each semester of leave granted, and, that prior to my return to work, the attending physician shall attest to my capability to return to my regular full-time position. Upon receipt of said statement, the district reserves the right to refer me to a physician of its own choosing for medical examination at district expense. Said documentation shall be submitted to the Office of the Chief School Administrator to be included in the personnel file of the employee.

I have taught in the Easton Area School District for _____ years. Should my requested leave be granted, I agree to comply with the policies and procedures as well as the Public School Code, as amended, regulating such leaves.

Signature _____
Subject/Grade _____
Building _____
Date _____

