338- AR-1. APPLICATION FOR SABBATICAL LEAVE FOR RESTORATION OF HEALTH

MARPLE NEWTOWN SCHOOL DISTRICT

No. 338-AR-1

ADMINISTRATIVE REGULATION

APPROVED: June 2017

REVISED: December 2025

SABBATICAL LEAVES FOR RESTORATION OF HEALTH

The following information is to provide eligible employees with guidance and direction regarding the procedures, terms, and conditions of sabbatical leaves for restoration of health as set forth in Sections, 24 PS 11-1166 through 24 PS 11-1171, of the PA School Code and Marple Newtown School District Policy Nos. 338 and procedures. This document is not meant to be inclusive of all regulations and requirements as specified in existing laws, policies and procedures for sabbatical leave, and is subject to change. In addition, the Board reserves the right to specify conditions under which sabbatical leaves for restoration of health may be taken, consistent with the law. If you want more details or have any questions regarding this provision, contact the Human Resources Office at 610-359-4380.

Eligibility:

- Any person employed in the public school system of the Commonwealth who has completed ten (10) years of satisfactory service as a professional employee or member of the supervisory, instructional or administrative staff, or as a commissioned officer of this school district, shall be entitled to a sabbatical leave of absence for restoration of health.
- At least five (5) consecutive years of satisfactory service in the Marple Newtown School District.
- Thereafter, an additional sabbatical leave for restoration of health or a leave of absence for professional development shall be allowed after each seven (7) years of service.

Length of Leave:

- A sabbatical leave may be taken for a half or full school term or for two (2) half school terms or equivalent during a period of two (2) years, at the option of the employee.

Application for Sabbatical Leave:

- Applications for sabbatical leave shall be submitted in writing, on the approved form, and forwarded with medical documentation to the Superintendent (Human Resources) as soon as possible.

- Applications for sabbatical leaves for restoration of health may be submitted as necessary.

- Applications for sabbatical leave for the following school year shall be received in the Superintendent's office (Human Resources) not later than December 15th of each school year. Notification of those applications approved for the following school year shall be issued by February 15th of each school year.

- The Board shall review each application for sabbatical leave and shall approve those meeting the requirements of adopted policy.

Preferences and Limitations on Leaves:

- Applications for sabbatical leaves shall be given preference, according to the years of service since the previous sabbatical leave of the applicant, and in accordance with board policy.

- The total number of employees on sabbatical leave at any one time shall not exceed ten percent (10%) of the number of eligible employees in the Marple Newtown School District who are eligible for leave.

Documentation:

- Applicants for sabbatical leave shall submit with the application for a leave an official supporting medical statement and recommendation from his or her physician.

- At both the approximate midpoint of the leave and at least thirty days (30) prior to the conclusion of the leave, a physician's statement shall be submitted to the Superintendent (Human Resources), indicating the extent to which the purpose of the leave has been achieved and evaluating the health status of the employee relative to his or her ability to return to employment.

- The Board reserves the right to require at its own expense additional examinations and reports by physicians of its choice to determine the employee's ability or fitness to return to work.

Return to Employment:

- An acceptance of a sabbatical leave requires the employee to return to active duty in the Marple Newtown School District immediately following the sabbatical leave for a period of not less than one (1) full school year, unless prevented by illness or physical disability.

- At the expiration of the leave, the employee shall, unless agreed upon otherwise, be reinstated in the same position held at the time of the granting of the leave.

- An employee that fails to return to work, unless prevented by illness or physical disability, shall forfeit all benefits provided during the leave and is obligated to repay to the school district all benefits received while on the sabbatical leave including, but not limited to, salary, benefit costs and retirement contributions.

- The Board reserves the right to require at its own expense additional examinations and reports by physicians of their choice to determine the employee's ability or fitness to return to work.

Compensation:

- The employee on sabbatical leave shall receive one-half (50%) of the employee's regular salary during the period of the leave. Supplemental contract salaries and extra duty pay are not defined as part of the regular salary.

- Employees on sabbatical leave will receive salary payments in the same way as full-time staff members. Exceptions to this method of payment are subject to approval of the Superintendent.

Benefits:

- Benefits, as provided for by law or agreement, shall continue during the leave. To continue benefits, employees shall be required to continue premium payments or co-payments, in the same method as in active status.

- Sick leave, extended sick leave, or personal/conditional leave shall not be earned during a sabbatical leave.

Rights Retained on Sabbatical Leave:

- Employees on sabbatical leave shall be considered to be in regular full-time or part-time attendance from the position for which the sabbatical leave was taken for the purpose of determining length of service and the right to receive salary increments, as provided by law, policy, or agreement.

- Seniority will continue to accrue during a sabbatical leave for the purpose of determining length of service and salary increments.

- Employee membership in PSERS shall continue and the employee and employer contributions on behalf of the employee required by law, will be made in the full amount as though the employee were actually in regular full-time daily attendance in the position from which the leave was taken. The amount required by the employee shall be deducted from any compensation paid to the employee. The employees' retirement rights shall in no way be affected by this leave.

Additional Conditions of a Sabbatical Leave:

- While on leave, the employee shall not be engaged in any full-time or part-time paid employment without the permission of the School Board.

- Only part-time paid employment, engaged prior to the leave of absence, is allowable during the leave.

- A sabbatical leave shall also operate as a leave of absence from all other school activities.

- In the event that any of the conditions set forth in the law, policy and regulations are violated by the employee, payment to the employee on leave shall cease, and the employee shall be required to repay any salary payments and costs already made on behalf of the district.

- The Board reserves the right to specify conditions under which sabbatical leaves for restoration of health may be taken, consistent with the law.

- The Board reserves the right to make such regulations they deem necessary to make sure that the employee shall utilize the sabbatical leave properly for the purpose for which it was granted, requiring reports from the employee in such a manner, as they may deem necessary, consistent with the law.

CIVIL RIGHTS NOTICE

The Marple Newtown School District is an equal opportunity education institution and will not discriminate in its educational programs, activities or employment practices on the basis of race, color, national origin, sex, age, religion, ancestry, disability or other legally protected classifications. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964; Title IX of the Educational Discrimination Act of 1975; and the Americans with Disabilities Act of 1990. Inquiries may be directed to the Director of Human Resources.

APPLICATION FOR SABBATICAL LEAVE FOR RESTORATION OF HEALTH

_____
Name (Please print)

_____ _____
Position/Assignment Building

Date(s) of Prior sabbatical leave(s):_____

Period to be covered by this sabbatical leave:

_____First Semester _____School year (i.e. 2025 - 2026)

_____Second Semester _____School year (i.e. 2025 - 2026)

_____School term (i.e. 2025 - 2026)

_____Other (explain)_____

Restoration of Health - Attached hereto is Form SAB-HEALTH-B, the Physician's Statement from my physician attesting to the nature of my sickness/disability and the need for leave.

I understand that this application is made in conformance with the provisions for Sabbatical Leave for Restoration of Health as outlined in the Pennsylvania Public School Code of 1949, as amended, and Marple Newtown School Board Policies 338 and 438, as adopted.
I agree to:

i. Return to my employment with Marple Newtown School District for a period of not less than one school year immediately following a sabbatical leave of absence, and

ii. Comply with all other conditions imposed by the Marple Newtown School District and Commonwealth of Pennsylvania while on sabbatical leave of absence.

_____ _____
Date Signature of Applicant

SAB-HEALTH-A

MARPLE NEWTOWN SCHOOL DISTRICT

SABBATICAL LEAVE

REQUEST FOR SABBATICAL LEAVE/RESTORATOION OF HEALTH

PHYSICIAN'S STATEMENT

(To be completed by a practicing licensed physician
and forwarded to the Superintendent of Schools or designee)

1. Name of School District Employee:_____

Address:_____

2. Give *detailed* employee statement:

a. Diagnosis: _____

_____

_____

b. Cause of restoration or disability:_____

c. Plan for restoration:_____

_____

d. Probable date of leave: _____

e. Probable date of return:_____

I hereby certify that the above employee of the Marple Newtown School District has been under my professional care, that I have carefully examined said employee, and that said employee is in need of a Sabbatical Leave of Absence for Restoration of Health as set forth above.

_____ _____
Print or type name of examining physician Signature of examining physician

_____ _____
Street Address City State Zip Code

_____
Date

SAB-HEALTH-B