

SABBATICAL LEAVE REQUEST

Date: _____

SUBJECT: Sabbatical Leave

TO: Board of Directors, Connellsville Area School District

FROM: _____

1. It is requested that I be granted a Sabbatical Leave of Absence as authorized by the provisions of Sections 1166 through 1171 of the Public School Code (P.S.C.) of 1949, as amended by Act 66 of 1996.

2. I certify that I have completed ten (10) years, or seven (7) years since my last sabbatical leave, of satisfactory service in the schools of the Commonwealth of Pennsylvania, and that five (5) years of consecutive service has been achieved in the Connellsville Area School District.

3. The Sabbatical Leave of Absence is requested for one (1) of the following reasons:

_____ Restoration of health.

_____ Study which will benefit the educational program.

_____ Other purposes.

(Write YES on the proper blank).

4. The Sabbatical Leave of Absence is requested for one (1) of the following periods:

_____ a half school term, beginning _____
and ending _____.

_____ a full school term, beginning _____
and ending _____.

_____ two (2) half school terms during a period of two (2) years, beginning _____ and ending _____, and
beginning _____ and ending _____.

(Check appropriate time and enter dates.)

REGULATIONS

5. I am aware that Section 1171 of the P.S.C. of 1949 states “The Board of School Directors shall have the right to make such regulations as they may deem necessary to make sure the employees on leave shall utilize such leave properly for the purpose which it was granted, requiring reports from the employee on leave in such manner as they may deem necessary.”

The Connellsville Area Board of School Directors, in order to assure that the leave is used to benefit both the employee and the Connellsville Area School District has made the following regulations with which I shall comply as applicable:

- a. If the leave is granted for study, I will offer proof that I am enrolled in courses which are the equivalent of nine (9) or more hours of credit per semester or eighteen (18) annually.
 - b. If the leave is granted for the restoration of health, I shall submit a certificate from a physician stating that the leave is advisable.
 - c. If the leave is granted for other purposes, I understand that this is subject to the discretion of the Board of School Directors.
6. I am aware that Section 1168 of the P.S.C. of 1949, as amended by Act 66 of 1996, requires that I return to the Connellsville Area School District for at least one (1) full term following the leave. I promise to comply with this requirement.

I certify that I am aware of the above requirements and intend to comply with them.

Employee Signature

RESTORATION OF HEALTH SABBATICAL

TEMPLATE MEDICAL PROFESSIONAL OPINION LETTER

In order to assist you in requesting a sabbatical from the Connellsville Area School District for restoration of health, the District is offering the template medical professional opinion letter language below. In order to enable your sabbatical to be reviewed and processed as quickly and efficiently as possible, please consider providing this language for use by your medical professional in preparing the required sabbatical support letter. Under applicable law and policy, the District reserves the right to request additional documentation determined to be necessary to support or substantiate any sabbatical request.

"I am a licensed medical professional in the Commonwealth of Pennsylvania. _____ (the "Employee") is currently under treatment with me, and I am familiar with his/her health and medical condition(s). I am medically qualified to offer the opinion and recommendations contained in this letter. The Employee is presently diagnosed with _____, which severely impact the Employee's health. Based on my review, evaluation, and assessment of the Employee and his/her diagnoses and health and medical conditions(s), as identified above, it is my medical opinion that his/her diagnoses and health and medical condition(s) would be addressed and helped through a sabbatical for restoration of health. Based on those specific diagnoses and health and medical condition(s), the recommended sabbatical should be for a period of _____ (to begin on or about _____ and to continue until on or about _____."