

Wilmington Public Schools

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Application for Sabbatical Leave

In accordance with Article XII, Sections 1-7 of the Agreement between the Wilmington School Committee and the Wilmington Teachers' Association, educators who have served the Wilmington Public Schools for a period of at least five (5) consecutive full school years may be granted by the Superintendent a sabbatical leave not exceeding one (1) year for the following purposes, provided that the subject of the sabbatical leave is in a field which relates to the educator's area of endeavor in the Wilmington Public Schools:

1. An approved full time graduate study
2. Approved travel defined as (a) travel to foreign countries or areas within the United States which will broaden the educator's knowledge and understanding of a phase of education which relates directly to his/her field in the Wilmington Schools; or (b) travel to educational institutions. The results of which should bear directly on improved instruction or operation of the Wilmington Schools

Educators seeking a sabbatical must complete this application and submit it to the Superintendent by December 1 preceding the September of the academic year in which the leave is requested.

Name of Applicant: _____

Dates of Employment in Wilmington: _____

Dates of Requested Sabbatical Leave: _____

Reason for Sabbatical: Full-Time Graduate Study Travel

Please provide answers to the questions below:

A. Narrative on Activity: *(Please specify courses to be taken, professional projects, or research to be conducted, a new program to be developed, or publications to be created. In describing your activity, you must indicate where the courses are to be taken, how the professional project was developed, the research methodology or the programs to be visited, with method by which they were selected.)*

B. Professional Benefit to the Applicant: *(Specify how the activity will make you a better educator.)*

C. Benefit to the Wilmington Public Schools: *(Specify the specific impact your sabbatical opportunity may have on carrying out your professional responsibilities, e.g. to teaching; to student learning; to programs, courses or curriculum development.)*

Signature of Applicant: _____ Date: _____

The signature above indicates that the applicant is aware that if the sabbatical is approved, he/she will return to service in the Wilmington Public Schools following the termination of the sabbatical for a period equal to twice the length of the sabbatical leave. Default of completing such service will require the applicant will refund to the Town of Wilmington an amount equal to the proportion of his/her salary received during the leave.

OFFICE USE ONLY

Date Application Was Received: _____

Approved Denied Date: _____

Superintendent's Signature: _____

Confirmation Letter Sent to Applicant Date: _____