438. SABBATICAL LEAVE POLICY

Be it resolved that the following policy statements be adopted for the efficient and proper administration of sabbatical leaves of absence in the best interest of students, faculty and the school community.

Sabbatical leaves of absence shall be granted by the Board of School Directors upon recommendation of the Superintendent and in accordance with Sections 1166 and 1171 of the Public School Code of 1949 as amended.

A person qualifying for a sabbatical leave under the law shall be granted a sabbatical leave provided that in the case of a:

- A. Sabbatical Leave for Restoration of Health: The request for the leave must be substantiated by a written statement from a medical doctor (physician) stating that the leave is necessary.
- B. Sabbatical Leave for Study: The request must indicate the college/university that the employee will be attending, the number of credits that will be carried, and area of study, e.g., Elementary Education, Administration, etc. The employee shall submit to the Superintendent a transcript during the first month of return to employment.

General Information Excerpts from School Code Provisions Regarding Sabbatical Leave

- Who is Entitled: Any person employed in the public school system of this Commonwealth who has completed ten (10) years of satisfactory service as a professional employee or as a commissioned officer shall be entitled to a leave of absence. At least five consecutive years of service shall have been in the school district from which the leave of absence is sought, unless the board of school directors in its discretion allows a shorter time.
- **Purpose(s):** An employee who qualified shall be entitled to a leave of absence for restoration of health, study, or, at the discretion of the board of school directors, for other purposes.
- **Duration of Leave:** A sabbatical leave of absence shall be for a half or a full school term or, for two half school terms during a period of two years, at the option of the employee. A sabbatical leave for travel shall be taken in one full school term, unless authorized by the Board to be taken for a half school term or for two half school terms during a period of two years.
- **Preference, Limitations:** Applications for leaves of absence shall be given preference, according to the years of service since the previous sabbatical leave of the applicant.

No school district shall limit the number of leaves of absence granted in any school year to less than ten percentum (10%) of the number of persons eligible for such leave of absence regularly employed in such district.

Return to Employment: A sabbatical leave may be taken for the period approved. Compensable employment may not be engaged in while employee is on sabbatical leave. No leave of absence shall be granted unless such person shall agree to return to his or her employment with the school district for a period of not less than one school term immediately following such leave of absence.

Upon expiration of a sabbatical leave, by consent of the school board, the requirement that the person on leave of absence shall return to the service of the school district or to the same position in the same school or schools that he or she occupied prior thereto, may be waived. If the school board has not waived the obligation to return to school service upon expiration of the sabbatical leave and the employee fails to do so, unless prevented by illness or physical disability, the

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78 79 School District Regulation: The board of school directors shall have the right to make such regulations as they may deem necessary to make sure that employees on leave shall utilize such leave properly for the purpose for which it was granted, requiring reports from the employee or employees on leave in such manner as they may deem necessary.

A district Request for Sabbatical Leave Form must be completed and returned to the Superintendent by the end of the school year prior to the school year of desired leave.

Each application for sabbatical leave shall be approved by the Beard.

REQUEST FOR SABBATICAL LEAVE Deer Lakes School District

Name	Mr. : Mrs.		Date of Request
,,,,,,,,	MsLast	First	Middle
Addr	ess:		
	Street	City	Zip Code
Present Building Assignment:			
Subj	ect Area and Grade Assign	ment:Subjects	Grades
Туре	of Sabbatical Requested:	Health_ Education	
Seme	ster(s) and Year(s) Reques	sted: Fall Spring Fall and Spring	Year Year Year
 If the request is for Health reasons, a written Physician's statement must accompany the request. 			
1	university/college you wil	11 be attending and the	attach a sheet indicating the area of study and number of ipts must be produced as evi-
I certify that I have received a copy of the Deer Lakes School District's SABBATICAL LEAVE OF ABSENCE REGULATIONS and that my request is in accordance therewith and that I will supply the Deer Lakes School District all of the information and do all that said regulations require.			
		Signature	Date
Date	Request Received		
Date	of Board Action		
Signa	ature of Board President		Date
•	ature of Superintendent		Date