Emery County School District

Sabbatical Leave Application for Licensed Employees



Name:	Date:
Position:	Work Location:
District Experience:	Grade Levels:
Content Areas (Secondary):	
Current Endorsements (Secondary):	
Previous Sabbatical Leave: Yes No	If yes, dates:
Purpose of Sabbatical (Attach to this application a complete	description of the following:
 a) Dates of the requested Sabbatical Leave b) Purpose of Sabbatical Leave, along with an explanation c) Specific objectives to be achieved d) Listing of college courses and/or areas of study or work e) How training will be used, upon return to assignment Policy Agreement: Per District policy, I understand the follow a) I must be employed by the ECSD for at least 7 years of the body of the body of the explosion of the policy. Leave can be only be granted for up to a maximum of the college of the college of the pursue advanced study or work of the college of the leave application must be submitted at least 90 days of the leave requests must be approved by the Superintender g) I will receive the difference in pay between my salary of the leave to teach in the ECSD for at least two years after the to me while on Sabbatical Leave 	k experience to be completed t, to benefit the District, School, and students wing: to be eligible for leave; one year; experience that is directly relevant to my assignment; years; before the last day of school; ent and the Board of Education; and the salary of the educator who replaces me;
I hereby submit this application for sabbatical leave and under	•
Educator Signature	Date
Approval:	
Superintendent Signature	_Date

_Date_____

Board President Signature_____