

FAIRFIELD AREA SCHOOL DISTRICT  
ADMINISTRATIVE PROCEDURE

SABBATICAL LEAVE

3610

ADDENDUM  
FAIRFIELD AREA SCHOOL DISTRICT  
FAIRFIELD, PA 17320

SABBATICAL LEAVE REQUEST

Date \_\_\_\_\_

To: Fairfield Area School District Board of School Directors

FROM: Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Building \_\_\_\_\_

Number of years in school district \_\_\_\_\_

Number of years in education in Pennsylvania \_\_\_\_\_

SUBJECT: Sabbatical Leave

1. It is requested that I be granted a Sabbatical leave of Absence as authorized by the provisions of Section 1166 of the Public Code of 1949:

2. The Sabbatical Leave of Absence is required for one of the following periods:

\_\_\_ A half school term, beginning \_\_\_\_\_ and ending \_\_\_\_\_

\_\_\_ A full school term, beginning \_\_\_\_\_ and ending \_\_\_\_\_

\_\_\_ Two half school terms during a period of two years. The leave begins

\_\_\_\_\_

\_\_\_\_\_ and ends \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

(Restoration of Health)

(Please check proper line and enter dates.)

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

\_\_\_ Restoration of health.

\_\_\_ Study which will benefit the educational program (profesional development)

(Please check the proper blank.)

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SABBATICAL LEAVE (Contd)

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4. In order to assure that the leave is used to benefit both the applicant-professional employee and the Fairfield Area School District, the following regulations shall be observed as applicable:
  - a. Before the leave is finally granted:
    - (1) for study, I will offer appropriate proof that I am or will be enrolled in a duly accredited school as a full-time post-graduate student.
    - (2) for restoration of health, I will submit a certificate from a physician indicating the need for such leave, and if leave is granted, I shall submit a monthly report of progress to the Superintendent.
5. I certify that I have completed ten (10) years of satisfactory service in the schools of the Commonwealth of Pennsylvania and that five (5) years of consecutive service have been achieved in the Fairfield Area School District. I further certify I have not been granted a sabbatical leave within the past seven (7) years.
6. I am aware that Section 1171 of the Public School Code of 1949 states: "The Board of School Directors shall have the right to make such regulations as they deem necessary to make sure the employees on leave shall utilize such leave properly for the purpose for which it was granted requiring reports from the employees on leave in such manner as they may deem necessary."
7. I certify I have read and understand:
  - a. those sections of the Public School Code of 1949 pertaining to sabbatical leaves and
  - b. the policy and regulations of the Fairfield Area School District pertaining to sabbatical leaves, and I shall comply with and be subject to the same.

Failure to do so shall subject me to any penalties set forth in said School Code and said Regulations.
8. I hereby and herewith agree to return to service in the Fairfield Area School District for a period of not less than one (1) year immediately after expiration of such sabbatical leave if the same be granted. I agree to promptly refund to the school all moneys paid during the sabbatical leave, to or for me or to the Pennsylvania Public School Employees Retirement Fund on my behalf, in the event this requirement is not met.

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9. I hereby authorize my personal physician to give any and all information requested to any person duly authorized by the Fairfield Area School District to make such inquiry in the event I submit a request for sabbatical leave for reason of health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools