



# PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

## APPLICATION FOR SABBATICAL LEAVE

I. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

School: \_\_\_\_\_

II. Dates and Type of Last Leave: \_\_\_\_\_ to \_\_\_\_\_  
(dates) (type)

III. Dates of the Leave Requested: \_\_\_\_\_ to \_\_\_\_\_  
(dates)

IV. Summarize the purpose of the leave on separate sheets. Procedures and criteria for sabbatical leaves are outlined in the *PTHEA Agreement, Article XIV, Page 21*.

V. Conditions of Employment Upon Return:

Upon my return from sabbatical leave to the school district it is understood that I shall be assigned to a bargaining unit position as determined by the Board of Education.

VI. I hereby formally request a sabbatical leave for the period indicated above. My sabbatical leave plan is attached. I have read the PTHEA Agreement sabbatical leave policies and agree to comply therewith, including, if my sabbatical leave is approved, submission of a final sabbatical report to the Board of Education upon completion of my leave. I understand that I am not eligible for tuition reimbursement while on a sabbatical leave of absence; and I acknowledge that as a condition of such leave, I shall enter into a contract to continue in the service of the Parsippany-Troy Hills Township School District for a period of at least two (2) years after the expiration of the leave of absence. If I fail to continue in service, I shall repay the Board the full salary received while on leave.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended/ Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
*Principal*

Recommended/ Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
*Superintendent of Schools*

Recommended/ Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
*Approved by Board of Education*

***Form to be submitted prior to December 1<sup>st</sup> previous to the school year for which absence is requested.***