

**Lakeland School District  
Sabbatical Leave Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date(s) of any prior sabbatical leave(s): \_\_\_\_\_

**Period to be covered by this sabbatical leave:**

- First Semester of 20\_\_\_\_/20\_\_\_\_ school year
- Second Semester of 20\_\_\_\_/20\_\_\_\_ school year
- Full Semester of 20\_\_\_\_/20\_\_\_\_ school year
- Other (explanation required):

- Purpose of sabbatical leave:  **Restoration of Health** – Attached hereto is a statement from my medical doctor attesting to the nature of my sickness/disability and need for a leave.
- Professional Development** – Attached hereto is an explanatory Prospectus and preliminary program of study.

*I understand that this application is made in conformance with the provision for sabbatical leave as outlined in the Pennsylvania Public School Code and School Board Policies 338, 338.1, and Regulations. I signify by my signature that I agree to return to my employment with the Lakeland School District for a full school term immediately following this sabbatical leave.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Administrative Office Use Only:**

- Employee does qualify for a sabbatical       Employee does NOT qualify for a sabbatical

**Superintendent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_