

BENSALEM TOWNSHIP SCHOOL DISTRICT



DOROTHY D. CALL ADMINISTRATIVE CENTER
3000 DONALLEN DRIVE BENSALEM, PA 19020
HUMAN RESOURCES DEPARTMENT
(215) 750-2800 • FAX (215) 752-8683

APPLICATION FOR SABBATICAL LEAVE FOR PROFESSIONAL DEVELOPMENT/STUDY

1. Personal Information:

Name: _____

Position: _____ Building: _____

2. Certification of eligibility:

I certify that I will have completed at least 10 years of service in the public schools of Pennsylvania at the time the proposed leave would commence.

Initial

I will have completed at least 5 consecutive years of service in the Bensalem Township School District at the time the proposed leave would commence.

Initial

3. Proposed period of leave:

- Full year leave: school year 20____ - 20_____
- Half year/Semester leave: _____ Semester of the _____ school year
- Split leave over two school years
 - _____ Semester of the _____ school year
 - _____ Semester of the _____ school year

4. Plan of Study/Professional Development: (Please describe plan for sabbatical, including proposed courses or activities, goals, anticipated benefits from the proposed courses or experiences. Plan can be attached on a different sheet of paper)

5. Sabbatical Obligations Acknowledgment:

By my signature below, I certify that I make this application in accordance with the School Code, Board Policy, and any applicable Collective Bargaining or other Agreement covering the terms of a sabbatical leave. Furthermore, I acknowledge and agree as follows:

- I agree to and understand my obligation to return to my employment with the Bensalem Township School District for a period of time not less than the period of this leave unless excused due to disability or otherwise consistent with the School Code. If I fail to return, without such an excuse, I understand that I will be required to repay the school district the salary paid to me during the sabbatical period.
- I agree to abide by the plan of study or professional development that is identified in this application. If this plan changes, I will submit a request for alteration of the plan of study for approval.
- If I fail to complete the required number of graduate college credits during the sabbatical, I understand that I will be required to repay the school district the 50% salary paid to me during the sabbatical period
- I understand that if I am required to repay the salary paid to me during the sabbatical period, a mutually agreed upon payment plan will be developed, however, under no circumstances will the repayment schedule go beyond one school year. In addition, I understand and agree that the total cost of health insurance coverage provided to me and, if applicable, to my family during the sabbatical will also be paid back to the School District under the repayment schedule developed.
- I understand that failure to comply with the sabbatical rules and requirements (such as failing to take the required courses) will result in the School District contacting the PA State Employee Retirement System (PSERS) and having the retirement credit for the sabbatical period removed from my retirement account.
- I agree to and understand my obligation to submit reports documenting my study/professional development activities consistent with School Board policy and Collective Bargaining Agreement requirements.

Signature: _____

Date: _____

Printed Name: _____

(District Office Use)

Employee Requesting Sabbatical: Name: _____ Building: _____

Eligibility approved by Director of Human Resources: _____
Signature Date

Approval by Superintendent: _____
Signature Date

Notification provided to Building Principal by _____ on _____

Date Scheduled for Board Agenda: _____