



## Application for Sabbatical Leave

### Applicant Information

Applicant Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Position: \_\_\_\_\_ Division: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Type of Sabbatical Leave: \_\_\_\_\_ Length : \_\_\_\_\_  
*(e.g. study, travel, etc.)*

Inclusive Dates: From \_\_\_\_\_ To \_\_\_\_\_

Number of Years with District: \_\_\_\_\_ Date of First Contract: \_\_\_\_\_

Previous Sabbatical Leave(s):  YES  NO If yes, when? \_\_\_\_\_

Other Leave(s) of Absence: \_\_\_\_\_  
*(i.e. type and date)*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*