

SABBATICAL LEAVE APPLICATION

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY STATE ZIP

Educational Institutions Attended: use a separate sheet if necessary

Institution	City/State	Last Year of Attendance	Degree, if any	Year Degree Granted

Education Majors/Minors: _____

Highest Education Level Attained (Circle one):

- | | |
|--------------------------------|----------------------------------|
| 1. Doctorate Degree | 4. Masters Degree |
| 2. Educational Specialist | 5. Bachelors + 30 Semester Hours |
| 3. Masters + 30 Semester Hours | 6. Bachelors Degree |

Teaching Experience (Last 10 years, most recent first, include current year):

School District Name and No.	City/State	Position(s) Held	Number of Years	Dates in the Position

Reason for Sabbatical Leave Request (Check or Complete):

- | | |
|-----------------------------|-------------------------------|
| 1. College Attendance _____ | 3. Educational Research _____ |
| 2. Study Tour _____ | 4. Other _____ |

Sabbatical Leave Time Requested From Month/Year _____
To Month/Year _____

State Purpose/Objective of Request (Receive advance degree, prepare for certification in another area, initiate/complete a research project, travel itinerary, etc.) Please be complete; use supplemental pages if necessary.

Objective:

Name of College to attend:

Institution City State

Statement of Professional Goals:

Please attach a written statement explaining why you feel you should be granted sabbatical leave.

References (Professional) – Attach Recommendation from Building Principal:

- 1.
2.

Affidavit

I have read the sabbatical leave policy of Mountain Home School District No. 193, and understand its provisions.

Date Signature

Return this completed application with all attachments to:

Mountain Home School District No. 193
Attention: Sabbatical Leave Committee
470 N. 3rd East P.O. Box 1390
Mountain Home, Idaho 83647

Approved:

Date Signature