

~ EDUCATIONAL LEAVE APPLICATION ~
(For job shadowing, mentoring, Sabbatical Leave of one (1) year, etc.)
Tri-County Regional Professional Development Fund

Teacher: _____ **Professional #:** _____
Address: _____ **School/Site:** _____
_____ **Assignment/Position:** _____
Postal Code: _____ **Years with the Board:** _____
Home Phone: _____ **Contract Status:** _____

EDUCATIONAL LEAVE INFORMATION:

I am applying for:

- A part-time Educational Leave (**less than 1 year**): Number of School Days: _____
Date(s) of the Leave: Beginning on (date): _____ Ending on (date): _____
- An Educational Leave of one (1) year (Sabbatical). **Must be submitted by February 15th**

Please List Previous Educational Leaves and Number of Days Granted:

Applications must be submitted to Tanya Forrest, on behalf of the PD Committee, by the **3rd Tuesday** of each month to be reviewed by the Committee on the **4th Tuesday** of each month, except for **June** and **December** in which applications are to be submitted by the **2nd Tuesday** of the month to be reviewed by the Committee on the **3rd Tuesday** of the month. *(except for the Educational Leaves of one (1) year). Applications can be faxed to: 749-5660.*

Please refer to the Guidelines for additional detailed information.

This application must include:

- DETAILED LETTER** outlining how the Leave relates to one or more of your PGP, BBP, PSP or SSP
- OUTLINE of the impact of the Leave on Teachers, Peers, and Students**
- ALL REQUIRED SIGNATURES**

NOTE:

Only the costs of substitutes are covered under the Educational Leave Fund.

Teacher's Signature _____ Date: _____
Principal's Signature: _____ Approved: _____ Denied: _____
Superintendent or Designate's Signature: _____ Approved: _____ Denied: _____
Professional Development Committee: Approved: _____ Denied: _____ Date: _____

If principal does not support the application, please attach a letter explaining why.