

ADMINISTRATIVE REGULATION

CENTENNIAL SCHOOL DISTRICT

APPROVED: March 8, 2016

REVISED:

338-AR-0. SABBATICAL LEAVE FOR RESTORATION OF HEALTH

A sabbatical leave for reasons of health will be provided by the District when an eligible administrative or professional employee's illness or disability will not permit him/her to complete the job assignment for at least one-half (1/2) of a school term.

In addition to the statements in Board policy, the employee requesting sabbatical leave must abide by the following conditions:

1. The employee must complete the Application For Sabbatical Leave For Restoration Of Health and submit it to the Superintendent. A supporting medical statement signed by a physician and specifying the nature of the illness or disability, attesting to the need for the leave, and stating the time required must be attached to the application.
2. The Superintendent will forward the application and medical statement to the Board for its approval.
3. The employee is responsible to keep the District advised on a regular basis as to his/her medical progress during the leave.
4. **The Superintendent may request periodic updates from the physician regarding the employee's condition and projected return to work.**
5. Upon completion of the leave, the employee must provide a physician's statement certifying that the employee is able to resume his/her full duties.
6. **Employees who fail to return to service in the District following a sabbatical leave will reimburse the District for any salary paid and benefit costs while on leave, unless the employee is prevented by illness or physical disability to return to employment at the expiration of the leave.**

Determination Of Priority For Sabbatical Requests

The Superintendent shall recommend sabbatical leave for those persons whose applications comply with the School Code and Board policy. The number of sabbatical leaves granted in any school year shall not exceed ten percent (10%) of persons eligible for such leave.

When the number of applications exceeds the ten percent (10%) limitation, recommendation shall be based on the following consideration, listed in preferential order:

- 1. Years of service in the District since the previous sabbatical leave or years of service in the District if no previous sabbatical leave.**
- 2. Calendar date on which the application was received in the Superintendent's office.**

The Superintendent shall notify individuals of the Board's action on their requests including reason(s) for denial, if applicable.

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CENTENNIAL SCHOOL DISTRICT

338-AR-1. APPLICATION FOR SABBATICAL LEAVE FOR RESTORATION OF HEALTH

1. _____

Name	Position/Assignment (Subject area/grade level)	School/Building
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2. I will have completed _____ years of service in the public schools of Pennsylvania when the requested leave commences - must be at least ten (10).

3. I will have completed _____ years of service in the Centennial School District when the requested leave commences - must be at least five (5).

4. Check if this is your first request for sabbatical leave. If it is not, list date(s) of prior sabbatical leave(s) _____
Must be at least seven (7) years since last sabbatical leave.

5. Period to be covered by this sabbatical leave:

First Semester 20__/20__ school year

Second Semester 20__/20__ school year

Full 20__/20__ school year

Other (explain): _____

Restoration of Health – Attached hereto is a statement from my medical doctor attesting to the nature of my sickness/disability and need for leave as outlined in the Pennsylvania Public School Code and Board policy and regulations.

PHYSICIAN'S STATEMENT

1. Name of school district employee _____
Address _____

2. Give a detailed statement of employee's:
 - (a) nature of illness or disability _____

 - (b) diagnosis _____

 - (c) plan of restoration _____

 - (d) In my opinion, the applicant will be able to return to full-time employment at the end of the proposed sabbatical leave.
 Yes No Uncertain

I hereby certify that the above individual has been under my professional care, that I have carefully examined said employee, and that he/she will benefit from a medical leave from his/her job during the period of the requested leave.

Name of Physician	Signature of Physician	
Street Address	Date	
City	State	Zip Code

I signify by my signature that this application for sabbatical leave is made in accordance with the provisions for sabbatical leave as outlined in the Pennsylvania Public School Code and Board policy. I agree to comply with all conditions of such leave and to return to service in the Centennial School District for a period not less than one (1) school term immediately after expiration of the leave. If I fail to return to service in the district following the sabbatical leave, I understand that I will reimburse the district for any salary and benefits costs while on leave, unless I am prevented by illness or physical disability to return to my employment upon the expiration of a sabbatical leave of absence.

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OF HEALTH - Pg. 3

Employee Signature

Date

APPROVED:

Principal

Date

Director of Human Resources

Date

Assistant Superintendent

Date

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CENTENNIAL SCHOOL DISTRICT

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338-AR-2. COMPENSATED PROFESSIONAL LEAVES

The District will grant professional development and classroom occupational exchange leaves to eligible administrative and professional employees to pursue additional educational study and experiences that will enhance their professional performance within the profession and the District and to allow employees to acquire applicable educational certificates and licenses.

Professional Development Leaves

In addition to the statements in Board policy, the employee requesting professional development leave must abide by the following conditions:

1. The employee must submit a completed Application For Professional Development Leave to the Superintendent, along with a detailed plan describing the professional development activities to be undertaken and a course schedule when applicable.
2. The employee must submit the application before **April 1** if the leave is to begin in September and before September 1 if the leave is to begin in January.
3. The Superintendent will forward the application and supporting documents to the Board for its review and approval.
4. Employees who are on leave for professional development will submit a transcript and/or a report of **activities**. Employees will **immediately report to the Superintendent any course or other changes that impact the original** approved plan.
5. Upon completion of the leave, **the employee must provide to the Superintendent within thirty (30) working days**, satisfactory written evidence that the employee fully complied with the approved plan for professional development.

For **graduate/undergraduate study**, this will include **a transcript of program/course completion at a satisfactory or better level of performance**.

For other **professional development activities**, this will include **a detailed written report that** documents:

- a. **The schedule and types of activities attended, the hours spent on each activity and documentation of participation in each activity.**

b. **Relevance of the activities to teaching/job functions.**

c. **Specific plans to implement** what was learned **into teaching/job functions.**

If the employee fails to do so, unless prevented by illness or physical disability, the employee will forfeit all benefits to which s/he would have been entitled during the period of leave.

6. If the employee fails **to return** to service in the District following the leave of absence, the employee will reimburse the District for any salary and benefit costs while on leave, unless the employee is prevented by illness or physical disability to return to employment upon expiration of the leave.

Determination Of Priority For Professional Development Leave Requests –

The Superintendent shall recommend sabbatical leave for those persons whose applications comply with the School Code and Board policy. The number of sabbatical leaves granted in any school year shall not exceed ten percent (10%) of persons eligible for such leave.

When the number of applications exceeds the ten percent (10%) limitation, recommendation shall be based on the following consideration, listed in preferential order:

1. **Years of service in the District since the previous sabbatical leave or years of service in the District if no previous sabbatical leave.**
2. **Calendar date on which the application was received in the Superintendent's office.**

The Superintendent shall notify individuals of the Board's action on their requests including reason(s) for denial, if applicable.

Classroom Occupational Exchange Leave

In addition to the statements in Board policy, the employee requesting classroom occupational exchange leave must abide by the following conditions:

1. The employee must submit a completed Application For Classroom Occupational Leave to the Superintendent, along with a statement from the employer agreeing to fully compensate the District for the salary, pension and retirement contributions, and other benefits of the employee.
2. The employee must submit the application before April 1 if the leave is to begin in September and before September 1 if the leave is to begin in January.
3. The Superintendent will forward the application and supporting documents to the Board for its review and approval.
4. Employees on classroom occupational exchange leave will submit periodic reports from the employer to the District.

5. If the employee fails to return to service in the District following a leave of absence, the employee will reimburse the District for any salary paid and benefits cost while on leave, unless the employee is prevented by illness or physical disability to return to employment upon expiration of the leave.

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338-AR-3. APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE

1. _____

Name	Position/Assignment <small>(Subject area/grade level)</small>	School/Building
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2. I will have completed _____ years of service in the public schools of Pennsylvania when the requested leave commences - must be at least ten (10).

3. I will have completed _____ years of service in the Centennial School District when the requested leave commences - must be at least five (5).

4. Period to be covered by this professional development leave:
 - First Semester 20__/20__ school year
 - Second Semester 20__/20__ school year
 - Full 20__/20__ school year
 - Other (explain): _____

Professional Development – Attached hereto is a detailed explanatory proposed plan of study/activities in compliance with the Board’s policy and regulations.

5. For graduate/undergraduate study, the application/plan must include:
 - a. Name of the educational institution.
 - b. Course(s) of study, including a list of classes scheduled each semester and the number of credits to be obtained.
 - c. A copy of acceptance into the program.
 - d. Whether the course work is being taken to obtain a professional certificate or commission.

SEMESTER I

<u>COURSE</u>	<u>INSTITUTION</u>	<u># CREDITS / HOURS</u>

SEMESTER II

<u>COURSE</u>	<u>INSTITUTION</u>	<u># CREDITS / HOURS</u>

6. For other professional development (PD) activities, the application/plan must include sufficient information on the proposed activity(ies), such as location(s), dates, times, and how the plan will improve teaching/job functions. For leave for a half school term, at least 180 hours of professional development activities must be planned. For leave for a full school term, at least 360 hours of professional development activities must be planned. **A certificate of completion must be provided.**

SEMESTER I

<u>TITLE OF PD ACTIVITY</u>	<u>PROVIDER</u>	<u>DATE</u>	<u># OF ACT 48 HOURS</u>	<u>DESCRIPTION</u>

SEMESTER II

<u>TITLE OF PD ACTIVITY</u>	<u>PROVIDER</u>	<u>DATE</u>	<u># OF ACT 48 HOURS</u>	<u>DESCRIPTION</u>

I signify by my signature that this application for professional development leave is made in accordance with the provisions for professional development leave as outlined in the Pennsylvania Public School Code and Board policy. I agree to comply with all conditions of such leave and to return to service in the Centennial School District for a period not less than one (1) school term immediately after expiration of the leave. If I fail to return to service in the district following the professional development leave, I understand that I will reimburse the district for any salary and benefits costs while on leave, unless I am prevented by illness or physical disability to return to my employment upon the expiration of a sabbatical leave of absence.

Employee Signature

Date

APPROVED:

Principal

Date

Director of Human Resources

Date

Assistant Superintendent

Date

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338-AR-4. APPLICATION FOR CLASSROOM OCCUPATIONAL EXCHANGE LEAVE

Date of Request: _____ Employee's Name: _____

Position: _____/Program: _____

Date Employed: _____

Period Requested: ½ Year Full Year From (date) _____ To (date) _____

Proposed Employer:

Name: _____

Address: _____

Position: _____

Work hours: _____

Nature of work: _____

Employer's verification of accuracy: _____

Signature

Date

Please attach all required supporting documents per Board Policy 338. Sabbatical Leave.

Employee Signature

Date

APPROVED:

Principal

Date

Director of Human Resources

Date

Assistant Superintendent

Date