Turkeyfoot Valley Area School District

Application for Sabbatical Leave for Restoration of Health or Leave of Absence for Professional Development

Applicant	Name		Date	-
Grade Le	vel/Subject			_
Dates leav	ve would start and e	nd		_
	cal Leave for Res te a brief explanation			
	need to submit a phys ime the employee ha		defining the nature of the problem and the ohysician's care.	
The minin credits eac		this leave are to t	elopment take 9 graduate credits or 12 undergraduate hours of other professional development	
act pro	civities to be undertak	ten. The plan shou t is anticipated to	describing the professional development ald include the reason for the leave, the occur as a result of the leave and an explanate of the District.	ıtion
• Lis	st the courses that you	u plan to take.		
• Co	ourse work will be use	ed toward:		
	Degree _ Non Degree _ Certification _ Other _		Subject Area	

Submit to the Administrative Assistant for Personnel