

MIDDLETOWN
 AREA
 SCHOOL DISTRICT

SECTION: PROFESSIONAL EMPLOYEES

TITLE: SABBATICAL LEAVE FOR
 RESTORATION OF HEALTH

ADOPTED: October 14, 1991

REVISED: February 17, 1997

	<p>438. SABBATICAL LEAVE FOR RESTORATION OF HEALTH</p>
1. Purpose	<p>This policy shall establish the district's parameters for granting sabbatical leaves for restoration of health for eligible employees.</p>
2. Authority SC 1166	<p>The Board shall grant sabbatical leaves to professional employees only for the purpose of restoration of health.</p>
SC 1171	<p>The Board reserves the right to specify the conditions under which sabbatical leaves for restoration of health may be taken, consistent with law.</p>
3. Guidelines	<p><u>Eligibility</u></p>
SC 1166	<p>To be eligible for sabbatical leave, an employee shall have completed ten (10) years of satisfactory service in the public schools of the Commonwealth; at least five (5) consecutive years of such service shall be in the Middletown Area School District, unless the Board, in its discretion, shall allow a shorter time.</p>
SC 1166	<p>A sabbatical leave may be taken for a half or full school term or for two (2) half school terms during a period of two (2) years, at the option of the employee.</p> <p><u>Application</u></p> <p>Requests for sabbatical leave shall be submitted on the approved district form and forwarded with medical documentation to the Superintendent as soon as possible.</p> <p>The Board shall review and approve each application for sabbatical leave.</p> <p><u>Documentation</u></p> <p>Applicants for sabbatical leave shall submit with the application form an official supporting medical statement and recommendation from his/her physician.</p>

<p>SC 1168</p> <p>SC 1168</p> <p>SC 522.1, 1170</p> <p>SC 1169</p> <p>School Code 522.1, 1166-1171</p>	<p>At the midpoint of the leave and at least thirty (30) days prior to the conclusion of the leave, a physician's statement shall be submitted to the Superintendent, indicating the extent to which the purpose of the leave has been achieved and evaluating the health status of the employee relative to his/her ability to return to employment.</p> <p>The Board reserves the right to require at its expense additional examinations and reports by physicians of its choice to determine the validity of the leave request.</p> <p><u>Commitment of Employee</u></p> <p>Acceptance of a sabbatical leave incurs a commitment by the employee to return to active duty in the Middletown Area School District immediately following the sabbatical leave for one (1) full school year, unless physically or mentally unable to do so.</p> <p>The Board reserves the right to require at its expense additional examinations and reports by physicians of its choice to determine the employee's ability to return to work.</p> <p>The employee may not be engaged in compensable employment while s/he is on sabbatical leave, without the approval of the Board.</p> <p><u>Commitment of Employer</u></p> <p>At the expiration of the sabbatical leave, the employee shall, unless agreed otherwise, be reinstated in the same position held at the time of the granting of the leave.</p> <p>Time on sabbatical leave shall be counted as time on the job for purposes of seniority and for retirement purposes only.</p> <p><u>Compensation</u></p> <p>The employee on sabbatical leave shall receive one-half of her/his regular salary during the period s/he is on leave. Employee does not accrue sick and personal days while on leave.</p>
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MIDDLETOWN AREA SCHOOL DISTRICT
55 W. WATER STREET
MIDDLETOWN, PA 17057

APPLICATION FOR SABBATICAL LEAVE
FOR RESTORATION OF HEALTH

NAME OF PROFESSIONAL EMPLOYEE _____

PERIOD FOR WHICH LEAVE IS REQUESTED

SEMESTER _____ YEAR _____
SEMESTER _____ YEAR _____

An applicant for sabbatical leave for restoration of health shall submit with the application form an official supporting medical statement and recommendation from his/her physician. At the midpoint of the leave and at least thirty (30) days prior to the conclusion of the leave, a physician's statement shall be submitted to the Superintendent, indicating the extent to which the purpose of the leave has been achieved and evaluating the health status of the employee relative to his/her ability to return to employment.

NUMBER OF YEARS COMPLETED AS A PROFESSIONAL EMPLOYEE IN THE SCHOOLS OF PENNSYLVANIA (MUST BE AT LEAST 10 YEARS) _____

NUMBER OF YEARS COMPLETED AS A PROFESSIONAL EMPLOYEE IN THIS DISTRICT (MUST BE AT LEAST FIVE CONSECUTIVE YEARS) _____

MOST RECENT SABBATICAL LEAVE _____

I agree to return to active duty with the Middletown Area School District for a period of not less than one full school year immediately following such leave of absence unless physically or mentally unable to do so.

(Applicant's Signature)

(Date)

REQUEST APPROVED _____

REQUEST NOT APPROVED _____

REASON(S) FOR DISAPPROVAL _____

(Superintendent's Signature)

(Date)