

IROQUOIS SCHOOL DISTRICT

Sabbatical Leaves for Professional Employees Policy

(Adopted: 05/20/1997)

REVISION:

Based on Sabbatical Leave Reform (Act 66 of 1996)

PERSONNEL:

Professional personnel

PURPOSE:

This policy shall establish the District's parameters for granting sabbatical leaves for restoration of health for eligible employees.

DEFINITION:

1. The Board shall grant sabbatical leaves to professional employees only for the purpose of restoration of health.
2. The Board reserves the right to specify the conditions under which sabbatical leaves for restoration of health may be taken, consistent with law.

ELIGIBILITY:

1. To be eligible for sabbatical leave, an employee shall have completed ten (10) years of satisfactory service in the public schools of the Commonwealth of Pennsylvania; at least the last five (5) consecutive years of such service shall be with the Iroquois School District.
2. A sabbatical leave may be taken for a period equivalent to 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.

3. *The total number of professional employees on sabbatical leave at any one time shall not exceed ten percent (10%) of the number of eligible employees.*

APPLICATION:

1. Requests for sabbatical leave shall be submitted on the approved District form and forwarded with medical documentation to the Superintendent as soon as possible.

Documentation:

- a. Applicants for sabbatical leave shall submit the *Request for Sabbatical Leave Form* accompanied by an official supporting medical statement and recommendation from his/her physician.
 - b. At both the approximate 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 work.
 - c. The Board reserves the right to require, at its own expense, additional examinations and report by physicians of its choice to determine the validity of the leave request.
2. The Board shall review each application for sabbatical leave and shall approve those meeting the requirements of the adopted policy.

COMMITMENT OF EMPLOYEE:

1. Acceptance of a sabbatical leave incurs a commitment by the employee to return to active duty in this District immediately following the sabbatical leave for one (1) full school year, unless physically or mentally unable to do so.
2. The Board reserves the right to require, at its own expense, additional examinations and reports by physicians of its choice to determine the employee's ability to return to work.
3. *Compensable employment may not be engaged in while the employee is on sabbatical leave.*

COMMITMENT OF EMPLOYER:

1. 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.
2. Time on sabbatical leave shall be counted as time on the job for purposes of seniority, where applicable in the District, and for retirement purposes but for no other purpose.

COMPENSATION:

During the period of sabbatical leave, an employee shall be compensated at one-half the salary and entitled to the insurance benefits to which he/she would have been entitled had the employee not taken leave. Retirement will be deducted based on the teacher's full salary.

IROQUOIS SCHOOL DISTRICT
REQUEST FOR SABBATICAL LEAVE

Name _____ Date _____

Sabbatical leaves are granted by the Iroquois School District solely for the purpose of the restoration of health. I submit this request for sabbatical leave with an official supporting medical statement and recommendation from my physician. I have read the policy (Policy No. 2.29.1, *Sabbatical Leaves for Professional Employees*) of the Iroquois School District concerning sabbatical leaves and agree to meet all the requirements stated therein.

Requested beginning date of Sabbatical Leave: _____

Requested ending date of Sabbatical Leave: _____

Employee's Signature

Date