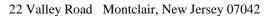
Montclair Public Schools

OFFICE OF PERSONNEL





SABBATICAL LEAVE REQUEST FORM

Sabbatical leaves may be granted without pay to any professional certified person (hereafter referred to as professional) for the purpose of study. Eligible employees are those who have been employed in Montclair Public School system for a period of seven or more, fulltime continuous years of service. (See Policy)

Employee Name	Date
University/College	
Program Name	Start/End Date
Description of program (use additional page if necessary)	

Describe how the program impacts and benefits to your professional/personal growth and school district. (use additional page if necessary)		
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I understand that if this leave is granted withou employment with Montclair Public Schools for a pe of the sabbatical leave.		
Employee Signature	Date	
Principal/Supervisor Signature	Date	
Personnel Administrator	Date	
Superintendent of Schools	Date	
Board of Education Action Date:		