

WEST MIFFLIN AREA SCHOOL DISTRICT  
1020 Lebanon Road – Suite 250  
West Mifflin, Pennsylvania 15122

**APPLICATION FOR SABBATICAL LEAVE**  
(Act 66 of 1996)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
School: \_\_\_\_\_ Grade/Subject \_\_\_\_\_

I. Period for which Sabbatical Leave is requested:

\_\_\_\_\_  
(List Semester by School Year)

II. Indicate the beginning and ending dates of your most recent Sabbatical Leave. (If none, so indicate.)

Beginning Date: \_\_\_\_\_ Ending date: \_\_\_\_\_

III. Number of years service in the school district. \_\_\_\_\_

IV. Number of years service as a professional employee in the Commonwealth of Pennsylvania \_\_\_\_\_.

V. The purpose of this Sabbatical Leave request is:

**Restoration of Health:** *Attached is a medical statement from a physician stating the reason(s) for the leave.*

**Professional Development Leave** *(See Act 66) A leave of absence for professional development must consist, at a minimum, of the following: 9 graduate credits, or 12 undergraduate credits, or 180 hours of professional development activities, or a combination of these for leaves of half a school term; or 18 graduate credits, or 24 undergraduate credits or 360 hours of professional development activities or a combination of these for leaves of a full school term.*

It is understood that I will notify the Superintendent immediately of any changes in conditions for which the leave was granted.

It is also understood that Sabbatical Leaves are made in conformance with sections 1166-1171 of the Pennsylvania Public School Code of 1949, as amended. I will submit reports of activities while on sabbatical as outlined in the Board of School Directors Sabbatical Leave Policy.

I hereby agree to return to my employment with the West Mifflin Area School District for a period of not less than one school term immediately following my sabbatical leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date