

**Application for Sabbatical Leave of Absence**

SUBMISSION DEADLINE DATE FOR APPLICATION:

Second Monday in January, by 4:00 p.m. to the Office of Human Resources.

The application material is to be typed and secured in a folder. Submit the original and 14 additional copies. The Sabbatical Proposal must have all pages numbered and include a Table of Contents.

All of the following information is necessary in your proposal:

**I. PERSONAL DATA**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

Telephone: \_\_\_\_\_  
Home Work

Present Assignment: \_\_\_\_\_

**(Attach this page as the cover letter for your proposal.)**

**II. PROFESSIONAL RECORD**

- A. Date of employment in the Cherry Creek School District.
- B. Number of years of consecutive service, including this year.
- C. Employment Record (most recent six years). Please list year, school, and assignment.
- D. Purpose and Date(s) of previous leave(s) of absence without pay. Include only leaves involving one semester or more.
- E. Type, endorsement area(s), and expiration date of you current teaching certificate:

**III. PROFESSIONAL CONTRIBUTIONS**

Provide a summary of your significant professional contributions.

\_\_\_\_\_

**IV. PROFESSIONAL GROWTH PLAN**

Attach a copy of your current approved Professional Growth Plan.

V. COMPONENTS OF THE PROPOSAL

The proposal must be thorough and include all of the following components.

A. Overview and Rationale

1. Briefly outline and explain the major elements of your Sabbatical Leave proposal.
2. Your proposal should indicate how your Sabbatical Leave will have a positive effect on instruction through activities related to individual professional growth and renewal, service to the school or district, or scholarly activity.

B. Outline and Timeline

Present an outline of the proposal in sequential order. When possible, include dates and amount of time allocated for each activity.

C. Proposal Documentation

Attach verification of the proposal components including the following:

1. acceptance to academic programs or explanation of how the candidate has met the criteria for acceptance,
2. schedules of visitations,
3. lists of conferences, clinics, classes, or workshops that will be attended,
4. documentation of availability of, or acceptance to, any other pertinent areas within the proposal.

D. Demonstration of Support

Attach support forms from appropriate individuals.

1. Support forms that document recommendation of the proposal must be completed by the building principal. Other support may be supplied by supervisors, district administrators or committee chairpersons, professional colleagues, university professors, or other experts in the field.
2. Support forms that provide personal references to document the applicant's commitment to the proposal and the ability to complete it satisfactorily should also be included.

E. Compatibility With Identified Goals and Objectives

**TEACHING PERSONNEL**

**Administrative Procedure: 4152.2**

1. District Goals: Indicate how the proposal contributes to the achievement of one or more of these identified goals.

Goal I: Provisions for greater personalization of the program including a broader range of alternative programs available to all students.

Goal II: Increased professionalization of instructional staff.

Goal III: Evaluation and revision of the educational program offered all students.

Goal IV: Revision and upgrading of certain services to support the educational program and to better meet the needs of the community.

Goal V: Improved opportunity for community involvement in school and District programs and activities with a broadened range of services to the community by Cherry Creek Schools.

2. Building Goals: Please refer to individual school improvement plans. Indicate how the proposal contributes to the achievement of one or more of these identified goals.

3. Personal/Professional Renewal Goals: Please refer to individual Professional Growth Plan. Indicate how the proposal contributes to the achievement of one or more of these identified goals.

**VI. SIGNATURE**

Applicant certifies as follows:

I have read the applicable Policy and Procedure statements governing a Sabbatical Leave of Absence. In requesting this Sabbatical Leave of Absence, I agree to the Policy and Procedures as conditions of an approved Leave.

I understand that the granting of such Sabbatical Leave is subject to approval of the Board of Education upon the recommendation of the Superintendent of Schools of the Cherry Creek School District.

This application, if approved, and the agreements herein contained shall constitute an amendment to the employment agreement between the Board of Education of the Cherry Creek School District and me, dated:

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

**Demonstration of Support/Professional Recommendation**

I, \_\_\_\_\_, am applying for a Sabbatical Leave of Absence for the 20\_\_\_\_ - 20\_\_\_\_\_ school year. The Cherry Creek School District Administrative Procedure for Sabbatical Leaves states:

A Sabbatical Leave is an opportunity for a teacher to impact education through activities related to individual professional growth and renewal, service to the school or District, or scholarly activity.

Please complete this form as your demonstration of support for my proposal and my ability to satisfactorily complete it. Directions are given below.

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A professional evaluation of the applicant's Sabbatical Leave Proposal is important to both the individual and the District. Please complete both pages of the form. Any additional comments may be included in a separate typed letter of support.

**RESPONDENT INFORMATION**

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

**TEACHING PERSONNEL**

**Administrative Procedure: 4152.2**

The Sabbatical Leave Committee will make judgments concerning Sabbatical Leaves based on criteria which include professional recommendations. Please respond to the following. Circle the appropriate number:

5 High support	4 Above Average support	3 Average support	2 Minimum support	1 Do Not support	NK No Knowledge
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1. I endorse the Sabbatical Leave proposal.

5	4	3	2	1	NK
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2. I endorse the applicant's ability to complete the Sabbatical Leave.

5	4	3	2	1	NK
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3. The Sabbatical Leave plan reflects the applicant's Professional Growth Plan.

5	4	3	2	1	NK
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4. The timeline of the Sabbatical Leave is adequate and reasonable.

5	4	3	2	1	NK
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5. The Sabbatical Leave proposal reflects the goals and objectives identified by the District.

5	4	3	2	1	NK
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6. The Sabbatical Leave proposal reflects the priorities identified by the individual building.

5	4	3	2	1	NK
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7. The Sabbatical Leave proposal supports the applicant's personal/professional renewal goals.

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Approved by Superintendent Richard P. Koeppel, June 8, 1987.