

KEYSTONE OAKS SCHOOL DISTRICT

LEAVE OF ABSENCE FOR PROFESSIONAL DEVELOPMENT

In compliance with Act 66 of 1996, study sabbaticals have been replaced by leaves for professional development.

NAME _____

DATE _____

BUILDING _____

POSITION _____

1. *Have you completed ten (10) years of satisfactory service as a professional employee or member of the supervisory, instructional, or administrative staff in the public school system of the Commonwealth of Pennsylvania?*

YES

NO

2. *Have you completed five (5) consecutive years of service in the Keystone Oaks School District?*

YES

NO

3. *Are you requesting this leave of absence for professional development for the specific and sole purpose of study?*

YES

NO

4. *Are you requesting a leave of absence for professional development for a period of:*

Half of school term: *First Semester* *Second Semester*

Full school term:

Two half-school terms during a period of two years

5. *Have you, in any point of your professional employment, requested and were granted a previous leave of absence for any purpose?*

YES

NO

If yes, please state the year and reason.

LEAVE OF ABSENCE FOR PROFESSIONAL DEVELOPMENT

HALF SCHOOL TERM

Are you taking the following:

1. *Nine (9) graduate credits?* YES NO
2. *Twelve (12) undergraduate credits?* YES NO
3. *One hundred eighty (180) hours of professional development activities?*
 YES NO
4. *A combination of the above? Please explain.*

FULL SCHOOL TERM

Are you taking the following:

1. *Eighteen (18) graduate credits?* YES NO
2. *Twenty-four (24) undergraduate credits?* YES NO
3. *Three hundred sixty (360) hours of professional development activities?*
 YES NO
4. *A combination of the above? Please explain.*

Please attach to this form the following information:

- A. *name of institution;*
- B. *number of credits; and*
- C. *detailed description of courses.*

LEAVE OF ABSENCE FOR PROFESSIONAL DEVELOPMENT

Any change in your enrollment status (such as dropping a course(s) or signing up for a new course(s), notification must be made to the Superintendent with the supporting documentation.

Employee Signature

Date

Building Principal/Supervisor Signature

Date

Superintendent Signature

Date

Please submit your request to the Superintendent. No requests for professional development leave will be processed without all of the above information completed and this form properly signed.

KEYSTONE OAKS SCHOOL DISTRICT

RETURN TO EMPLOYMENT

In compliance with Act 66 of 1996

Section 1168. Return to Employment

- A. No leave of absence shall be granted unless such person shall agree to return to his or her employment with the school district for a period of time not less than one school term immediately following such leave of absence.
- B. No such leave of absence shall be considered a termination or breach of the contract of employment, and the person on leave of absence shall be returned to the same position in the same school or schools he or she occupied prior thereto.
- C. If the employee fails to return to employment, unless prevented by illness or physical disability, the employee shall forfeit all benefits to which said employee would have been entitled under the provisions of this act for the period of the leave.
- D. If such employee resigns or fails to return to his employment, the amount contributed by the school district under section 1170 of this act to the Public School Employees' Retirement Fund shall be deducted from the refund payable to such employee under existing law and the amount so deducted shall be refunded to the school district by which it was paid.

I have read the above statements and fully understand the terms of "Return to Employment."

Employee Signature

Date

5/23/2017