

 **SABBATICAL LEAVE APPLICATION**

 **For the 2024-2025 School Year**

PLEASE NOTE: Applications must be submitted by January 12, 2024 to:

Jessica Thomas, Superintendent People Services

jessica.thomas@cssd.ab.ca

***Refer to " Leave of Absence, #9.2 Sabbatical Leave" from the current Collective Agreement for information.***

***PLEASE PRINT:***

|  |  |
| --- | --- |
| **Name** |       |
| **School/Department** |       | ID: |       |
| **Teaching Assignment** |       |
| **Total Years of Experience including this school year** |       |
| **Years (F.T.E.) with CSSD** |       |
| **1.00 F.T.E. Sabbatical Requested** | **[ ]**  | **.50 F.T.E. Sabbatical Requested** | **[ ]**  |
| **Have you previously had a sabbatical leave with the district?** | **[ ]  Yes** **[ ]  No** | **School Year:**  |

**POST-SECONDARY EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period of Study |  |  |  |  |
| From | To | Name of Institution | Discipline | Degree | Year |
|       |       |       |       |       |       |

**PROFESSIONAL EXPERIENCE and/or TRADE EXPERIENCE**

(Attach sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Period |  |  |
| From | To | Employer | Type of Employment |
|       |       |       |       |

**LEADERSHIP / CURRICULUM DEVELOPMENT EXPERIENCES WITHIN THE DISTRICT**

(Attach sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Period | * School Level
* District Level
* ATA / Specialist Council
 | Type of Experience |
| From | To |
|       |       |       |       |

**SERVICE ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| Period | * Church
* Community
* Other
 | Type of Service |
| From | To |  |  |
|       |       |       |       |

**RECOGNIZED POST-SECONDARY INSTITUTIONS AT WHICH YOU ARE CONSIDERING SPENDING YOUR SABBATICAL LEAVE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Location | Faculty | From | To |
|       |       |       |       |       |

**Degree sought (if applicable) - Be specific**

|  |
| --- |
|       |

**Program - Course Outline**

**[ ]  FULL SABBATICAL - minimum of 8 full university courses or approved equivalent half courses = 24 credits)**

**OR
[ ]  HALF SABBATICAL - minimum of 4 full university courses or approved equivalent half courses = 12 credits)**

|  |
| --- |
|       |

**Preparations you have made to date (Preparatory course work)**

|  |
| --- |
|       |

**If you were granted Sabbatical Leave for the above work, what benefits would accrue to both you and the School District?**

|  |
| --- |
|       |

**Have you previously applied for a sabbatical leave?** **[ ]  Yes** **[ ]  No**

|  |  |
| --- | --- |
| **If yes, in what year did you apply?**  |  |

|  |  |
| --- | --- |
| **Was your application approved?** |  |

|  |
| --- |
|  |

**Date Signature of Applicant**

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