

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-5101-F

APPLICATION FOR SABBATICAL LEAVE

Name: _____ Date: _____

Please consider my request for sabbatical leave in accordance with the provisions and guidelines as established by the Sabbatical Leave Policy.

I am requesting sabbatical leave for the following period of time:

_____, 20__ to _____, 20__

The outline of my proposed leave program, including the name of the university or institution, courses and credit units, and other pertinent information is attached hereto.

A written statement of acceptance of the proposed program by the university or institution and/or my advisor is attached hereto.

A brief summary of how the above study or research will benefit the school system and the pupils of this School District is attached hereto.

APPLICANT

APPROVALS

Signature

Principal

Date

School

Director of Human Resources

Date

Grade or Subject

Superintendent

Date