

# MCPS SABBATICAL LEAVE APPLICATION FORM

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

School: \_\_\_\_\_ Department: \_\_\_\_\_

Current Teaching Assignment: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Salary Schedule Placement: \_\_\_\_\_

Years of Full-Time Continuous Service to Missoula County Public Schools: \_\_\_\_\_

1. Please outline as clearly and specifically as possible the nature of your sabbatical leave plans. Attach available documentation.

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2. Explain how you request for sabbatical leave is related to your current professional assignment (s).

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3. Explain how a sabbatical leave will enhance or enrich your performance in your professional assignment(s) upon your return to Missoula County Public Schools.

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4. Explain how a sabbatical leave will academically impact Missoula County Public School students when you return.

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5. Of what value will your sabbatical leave be to the Missoula County Public School District?

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**Keep a copy for your records, send original to Personnel Department no later than February 15<sup>th</sup>.**