

### Tredyffrin/Easttown School District Application for Leave of Absence for Professional Development

Name \_\_\_\_\_ Position \_\_\_\_\_

School Location \_\_\_\_\_ Subject Area \_\_\_\_\_

Number of Years Employed in T/E District \_\_\_\_\_

Number of Years Employed in PA Public Schools other than T/E \_\_\_\_\_

Did you take any previous leaves?       Yes       No

If so, give dates and type of leave/s \_\_\_\_\_

#### Leave Request Information

Date/s (from-to) \_\_\_\_\_

1st Semester  
(deadline April 15)

2nd Semester  
(deadline September 15)

Full Year  
(deadline April 15)

#### Proposed Plan Instructions

The employee requesting a Leave of Absence for Professional Development shall attach for submission to the Superintendent a detailed plan describing the program of studies or the professional development activities to be undertaken as follows:

1. State an overview of the general goal of the proposal and its benefits to the district.
2. List the specific objectives to be accomplished in order to reach this general goal.
3. Provide the timeframe within which these activities will occur.
4. Describe:
  - a. The courses that will be undertaken to achieve the objectives as stated. (minimum 9 graduate level credit hours or twelve undergraduate level credit hours per will be required.) This should be a list of the specific courses to be undertaken. Include the institution, course numbers and course names, official course descriptions, and a syllabus for each course.
  - b. List location, dates, and hours of activities for the entire period of the leave. The courses must require rigorous work that spans the duration of each semester of the leave.
  - c. Submit a "Request for Course Preapproval Form" for each course as part of this application.
5. Describe specifically the anticipated benefits of this experience for:
  - a. The Employee
  - b. The Employee's professional assignment
6. List the criteria and outline a process for evaluation of the achievement of the general goals and specific objectives for the proposed leave.

All leaves are subject to the provisions of the Pennsylvania School Code and the Collective Bargaining Agreement between the School District and the TEEA.

- I understand that, if I currently have an extra duty responsibility appointment, the EDR will be reassigned during my absence and I will have no claim to continued appointment to that EDR after my return.
- I hereby certify that the information contained in this application is correct and that the purpose of the leave of absence requested is as stated herein.
- I agree to abide by any and all rules and regulations regarding leaves of absences and to return to my employment with the Tredyffrin/Easttown School District following the leave of absence and to serve in such employment for a period of not less than one school term, which is defined as a full school year, regardless of the length of the leave of absence.

***I agree to all of the following conditions of leave for professional development under the School Code, Board Policy and the Collective Bargaining Agreement.***

- \_\_\_\_\_ ***1. To adhere to all elements of my proposed plan, and to notify the Personnel Office in writing in advance of any and all changes to the plan. This includes course substitutions and cancellations which must be approved by the District through the same approval process used for this application.***
- \_\_\_\_\_ ***2. To provide a written summary and evaluation of the work completed during the leave in the format proposed in Number 6 of my plan outline within 45 days of the end date of the[final] semester of my leave.***
- \_\_\_\_\_ ***3. To submit grade reports for each of the courses completed.***
- \_\_\_\_\_ ***4. To return to the District for a minimum of one full year after completion of my leave, unless prevented by illness or physical disability.***

***I understand that non-compliance with the above could result in withholding of reimbursements, payments, salary scale movement, or in the requirement to return to the District all salary and benefits paid during the time of my leave.***

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_