

**Archdiocese of Philadelphia  
Secondary School System**

**2014-2015 SABBATICAL LEAVE APPLICATION**

Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School Presently Teaching: \_\_\_\_\_

Subject(s) Teaching: \_\_\_\_\_

Number of years employed in the Secondary Schools System: \_\_\_\_\_

Have you received a Sabbatical Leave in the past? \_\_\_\_\_

If yes, please state the year: \_\_\_\_\_

I am applying for a Sabbatical Leave for:

YES    NO   A YEAR   *OR*    YES    NO   A SEMESTER

I would accept a Sabbatical Leave for:

YES    NO   A YEAR   *OR*    YES    NO   A SEMESTER

**Educational Background:**

College or University: \_\_\_\_\_

Degree: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

