

The Limestone District School Board
APPLICATION FOR TEACHER-FUNDED SABBATICAL LEAVE WITH SALARY HOLDBACK
(Semester II)

CONFIDENTIAL

Name: _____ School: _____

Qualifications: _____

of Years with the Board(minimum of 7 years required): _____

School year in which teacher funded sabbatical is desired: First choice: _____

Second choice: _____

Have you had a previous sabbatical leave? Yes No If yes, what year _____

What sum, of money or percentage of net income do you wish deducted per pay, prior to taking this leave? _____

Are you aware that your money will be deposited by the Board in a trust account at Unity Savings and Credit Union? Yes No

Are you aware that access to these funds will occur only at commencement of leave or formal withdrawal from the plan? Yes No

Are you aware of the Income Tax regulations which will be applied to your salary payments throughout the term of this plan? Yes No

Have you discusses this application with your principal? Yes No

Give a brief description of the reason for requesting this leave:

Signature of Applicant: _____ Date: _____

Applications are due by April 1st

TO BE COMPLETED BY THE LEAVE REVIEW COMMITTEE

COMMITTEE'S RECOMMENDATION

Leave Approved: Yes No

Starting date of the Plan: _____ (dd-mmm-yyyy)

Year of the Leave: _____

Signature of Board Representative

Signature of OSSTF TBU Representative

Date