

**ARCHDIOCESE OF PHILADELPHIA
SECONDARY SCHOOL SYSTEM
PAID ACADEMIC LEAVE APPLICATION**

DATE OF APPLICATION: _____

Requirements/Conditions

- 33 1/3 percent of salary paid - not to exceed \$15,000/year or \$7,500/semester
- seniority is frozen
- return to department/school that he/she left, or in the absence of such an opening, to a position mutually agreed upon by the System and the Association
- part-time release available
- medical benefits at teacher's expense

Name: _____
(Last) (First) (Middle)

Address: _____ Telephone: _____

School Presently Teaching: _____

Subject Teaching: _____

Number of years employed in Secondary School System: _____

Have you received an Academic Leave in the past? _____

If yes, please state the year: _____

Educational Information:

College or University you will be attending: _____

Degree being sought: _____

Major Field of Study: _____

Program/School in which you/will be enrolled: _____

Are you eligible for any other monetary assistance while on leave? _____

If so, please specify: _____

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Please state why you believe you should be awarded the Paid Academic Leave.

I, the undersigned, have read and clearly understand and accept all the conditions and requirements for a Paid Academic Leave.

Signature of Applicant

Please submit application by **June 30, 2011** to:

Mrs. Theresa Ryan-Szott
Director of Secondary Personnel
Office of Catholic Education
Archdiocese of Philadelphia
222 North Seventeenth Street
Philadelphia, PA 19103