

Paid Academic Leave

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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 applications by **June 30, 2009** to:

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