

Archdiocese of Philadelphia
Secondary School System

2017-2018 SABBATICAL LEAVE APPLICATION

Date of Application: _____

Name (print): _____

Address: _____

Telephone: _____ Email: _____

School Presently Teaching: _____

Subject(s) Teaching: _____

Number of years employed in the Secondary School 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: _____

