

**Archdiocese of Philadelphia  
Secondary School System**

**2022-2023 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 YEAR OR  YES  NO SEMESTER

I would accept a Sabbatical Leave for:

YES  NO YEAR OR  YES  NO SEMESTER

**Educational Background:**

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

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

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

Please detail below plans, goals, and reasons for seeking a Sabbatical Leave. A clear and concise statement is required. (Please print.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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

---

Signature of Applicant

**Applications should be submitted on or before March 1, 2022 to:**

**Sabbatical Leave Committee  
c/o Office of Catholic Education – Human Resources  
222 North 17<sup>th</sup> Street, 6<sup>th</sup> Floor  
Philadelphia, PA 19103-1299  
FAX: (215) 933-5235 / EMAIL: [jmolnar@archphila.org](mailto:jmolnar@archphila.org)**