

# Sabbatical Leave Information



**Qualifications Needed to Apply for a Sabbatical Leave.** A certificated or administrative employee may apply for a sabbatical leave after completing seven full years of consecutive service with Saint Paul Public Schools. An employee may apply for another sabbatical leave after completing an additional seven full years of consecutive service with the District.

**Application Deadline.** April 1 is the date the application must be received in the Human Resource Department. Late applications will be not accepted. The dates of the sabbatical leave will be during the following July 1 through June 30.

**Sabbatical Leave of Absence Description.** A sabbatical leave is a leave of absence involving compensation for study or travel for the purpose of professional enrichment that will benefit the students of Saint Paul Public Schools. The course of study must be related to the contractual duty of the employee. The term “employee” used in this application shall refer to all certified staff including teachers, principals, central office administrators and superintendency members. (Refer to the labor agreement for additional information.)

**Requirements of an Approved Sabbatical Leave.** A sabbatical leave will be granted in accordance with the policy and procedures of Saint Paul Public Schools and approved by the Board of Education. Once a sabbatical leave is approved by the Board of Education, it cannot be rescinded.

If a sabbatical leave is granted, the employee agrees to the following criteria:

1. To return to regular employment with Saint Paul Public Schools for the length of time that the sabbatical leave was granted or return the salary received during the sabbatical leave.
2. To submit a written progress report to be sent to the Human Resource Department at the end of each quarter or at the end of the first semester.
3. To submit a copy of transcript credits to the Human Resource Department.
4. To submit a written final summary report in narrative form to the Human Resource Department with the following criteria:
  - a. Objectives of the Sabbatical Leave.
  - b. How the objectives were accomplished during the Sabbatical Leave?
  - c. How will you use what you have learned to benefit the students of Saint Paul Public Schools?

**Duration for Sabbatical Leave.** The sabbatical leave dates will start and end to coincide with a payroll period or at a semester break. A sabbatical leave may be granted for one full year, a quarter or a semester. There is a minimum time period of one quarter for a sabbatical leave. When a sabbatical leave is granted for a portion of a full year, the additional remaining portion of the year may be approved within the same seven-year period. A sabbatical leave is typically granted for only a full-time basis.

**Compensation During Sabbatical Leave.** The allowance granted during a sabbatical leave is one half of the employee’s regular contract salary, and will be paid during regular pay periods. Benefit and pension contributions paid by the District and the employee will continue at the same rate that was paid immediately prior to the sabbatical leave.

**Rights to Return to Same Position After Sabbatical Leave.** An employee on sabbatical leave shall retain all rights of tenure, seniority and salary progression during the period of the leave. A teacher returning to duty after a sabbatical leave of one quarter or semester will normally be assigned to the same position as prior to the sabbatical leave. An employee returning to duty after a sabbatical leave of one year or less will normally be assigned to the same position or an equivalent position.

Send Completed Form to:  
Executive Director of Human Resources  
360 Colborne Street  
St. Paul, MN 55102



## Sabbatical Leave Application

Application Deadline: April 1

**Please complete the following information:**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Last First Middle

Work Phone Number: ( ) \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Administrator: Title: \_\_\_\_\_ Location: \_\_\_\_\_

Teacher: Grade or Subject: \_\_\_\_\_ Location: \_\_\_\_\_

Dates of Your Previous Sabbatical Leave: \_\_\_\_\_

Purpose for Sabbatical Leave (check one): Study \_\_\_\_\_ Travel \_\_\_\_\_ Both \_\_\_\_\_

Study Leave: Attach a statement of the objectives of the study, a complete course of study, and a signed verification by your advisor of your acceptance into the graduate school and/or program.

Travel Leave: Attach a description of the educational objectives of this leave and a complete itinerary.

Beginning Date of Sabbatical Leave Request: \_\_\_\_\_ Ending Date of Sabbatical Leave Request: \_\_\_\_\_

**I have read and agree to all the provisions for taking a Sabbatical Leave:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

**Do Not Write Below This Line**

Date Application Received \_\_\_\_\_

\_\_\_\_\_ Leave Awarded by Sabbatical Leave Committee \_\_\_\_\_ Leave Not Awarded by Sabbatical Leave Committee

Approved Dates for Sabbatical Leave: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Date Sabbatical Leave Approved by Board of Education \_\_\_\_\_