



# **MOUNTAIN HOME SCHOOL DISTRICT 193**

470 North 3<sup>rd</sup> East Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent  
(208) 587-2580  
FAX (208) 587-9896  
[www.mtnhomesd.org](http://www.mtnhomesd.org)

## **SABBATICAL LEAVE APPLICATION FORM**

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

Educational Institutions Attended: use a separate sheet if necessary

Institution	City/State	Last Year of Attendance	Degree, if any	Year Degree Granted

Education Majors/Minors: \_\_\_\_\_  
\_\_\_\_\_

Highest Education Level Attained (Circle one):

- |                                |                                  |
|--------------------------------|----------------------------------|
| 1. Doctorate Degree            | 4. Master's Degree               |
| 2. Educational Specialist      | 5. Bachelors + 30 Semester Hours |
| 3. Masters + 30 Semester Hours | 6. Bachelor's Degree             |

Teaching Experience (Last 10 years, most recent first, include current year):

School District Name and No.	City/State	Position(s) Held	Number of Years	Dates in the Position

Reason for Sabbatical Leave Request (Check or Complete):

- |                             |                               |
|-----------------------------|-------------------------------|
| 1. College Attendance _____ | 3. Educational Research _____ |
| 2. Study Tour _____         | 4. Other _____                |

Sabbatical Leave Time Requested \_\_\_\_\_ From Month/Year \_\_\_\_\_

*"Committed to Learning Today for Tomorrow's World"*

To Month/Year \_\_\_\_\_

State Purpose/Objective of Request (Receive advance degree, prepare for certification in another area, initiate/complete a research project, travel itinerary, etc.) Please be complete; use supplemental pages if necessary.

Objective:
------------

Name of College to attend:

Institution	City	State
-------------	------	-------

Statement of Professional Goals:
----------------------------------

Please attach a written statement explaining why you feel you should be granted sabbatical leave.

References (Professional) – Attach Recommendation from Building Principal:

1. \_\_\_\_\_
2. \_\_\_\_\_

Affidavit

I have read the sabbatical leave policy of Mountain Home School District No. 193 and understand its provisions.

Date	Signature
------	-----------

Return this completed application with all attachments to:

Mountain Home School District No. 193  
Attention: Sabbatical Leave Committee  
470 N. 3<sup>rd</sup> East  
Mountain Home, Idaho 83647

Approved:

Date	Signature
------	-----------