

**OLATHE PUBLIC SCHOOLS**  
**APPLICATION FOR SABBATICAL LEAVE (Policy # GBZCDA)**  
Deadline to apply: Fall Semester - January 1; Spring Semester – September 1



**I. APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Location: \_\_\_\_\_

Total Years of Current Continuous Employment in Olathe \_\_\_\_\_

Date of Application: \_\_\_\_\_

Semester for which this application is requested: Fall                      Spring  
year

**II. CONFIRMATION OF ELIGIBILITY**

Please respond accurately to each question.

1. Have you performed seven (7) years of current continuous service in the Olathe Public Schools?

Yes                      No

List your experience in the Olathe District: Position, School/Location, Years of Service

2. My Overall Summary Ratings on my most recent Appraisal was Effective or Accomplished.

Yes                      No

3. Have you received sabbatical leave during the seven (7) years immediately preceding this application?

Yes                      No

4. Do you agree to sign a statement of intent to return to service for a minimum of 1 additional year in the Olathe Public Schools immediately upon termination of sabbatical leave?

Yes                      No

5. Do you agree to sign a commitment to repay the amount paid during the sabbatical in the event you fail to return to employment with the Olathe Public Schools or resign prior to completing the additional year?

Yes                      No

6. Will you be involved with formal, full time study at a college or university?

Yes

No

7. Please explain how your sabbatical leave aligns with the strategic directions/goals of the District, Building, and/or approved Individual Professional Development plans.

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8. Please explain how your study aligns with your current or future position with the district.

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### III. SABBATICAL LEAVE EDUCATIONAL PLAN

University you plan to attend: \_\_\_\_\_

\*Number of Credit Hours of Enrollment: \_\_\_\_\_

Program or Academic Area of Study: \_\_\_\_\_

If degree seeking, state degree: \_\_\_\_\_

*\*Credit hours do not reflect the tremendous commitment of time and energy necessary to complete dissertation study.*

Please send completed form to **Human Resources**, Education Center by the specified due date.

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**Form located on O-Zone/Depts/HRWebsite/PoliciesProcedures/Sabbatical Request**