



# Oxnard Union High School District

309 South K Street, Oxnard, California 93030  
Main: (805) 385-2500/FAX: (805) 483-3069  
www.ouhsd.k12.ca.us

## SABBATICAL LEAVE REQUEST CERTIFICATED EMPLOYEES

Sabbatical Leave requests must be made at least 90 days prior to the beginning of the semester when such leave is desired. Please refer to Article 11.13 of the Certificated Unit Agreement for detailed language on Sabbatical Leave Policy.

Date: \_\_\_\_\_

TO: Assistant Superintendent-Human Resources  
Site Principal

Employee Name: \_\_\_\_\_ Site: \_\_\_\_\_

I hereby request a sabbatical leave of absence for the following period:

- School Year 20\_\_\_\_\_ to 20\_\_\_\_\_
- Fall Semester 20\_\_\_\_\_  Spring Semester 20\_\_\_\_\_

For salary purposes, I am requesting to be placed on:  Paid Status  Unpaid Status

*Please Note: If you wish to be placed on paid status, you will need to post a bond equivalent to 50% of your income plus benefits for the period you are on leave. Bond amount will be furnished by Human Resources.*

*A full year's paid Sabbatical Leave also requires a two-year commitment to return and teach in the Oxnard Union High School District. A semester's paid Sabbatical Leave requires a one-year return commitment. If you elect an unpaid status during your leave, you do not have to post a bond, nor do you have a return commitment to the Oxnard Union High School District.*

My plans for the use of this sabbatical leave, if granted, are indicated below: (attach additional sheets if needed)

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\_\_\_\_\_ Date \_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date \_\_\_\_\_ Principal Signature

*Do not write below line:*

Approved  Denied Board Meeting Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_