Oxnard UnionHigh School District
309 South K Street, Oxnard, California 93030 Main: (805) 385-2500/FAX: (805) 483-3069
www.oxnardunion.org

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)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date_____ Employee Signature_____

Date_____ Employee Signature_____

Do not write below line:
☐ Approved ☐ Denied Board Meeting Date_____
Signature_____ _____