

Present Salary Schedule Placement \_\_\_\_\_  
Degree \_\_\_\_\_ Hours \_\_\_\_\_ Step \_\_\_\_\_

**GLENBARD TOWNSHIP HIGH SCHOOLS**  
**CERTIFIED STAFF APPLICATION**  
***REQUEST FOR LEAVE OF ABSENCE***

Name \_\_\_\_\_

Building Assignment \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ North \_\_\_\_\_ South

Department \_\_\_\_\_

Date employment began in District 87 \_\_\_\_\_

Has a Leave been granted before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", when? \_\_\_\_\_ Type \_\_\_\_\_

Period of Leave requested \_\_\_\_\_

Purpose of Leave (Be specific – use additional sheets to outline proposed program.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of leave to residents of District 87 (be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other general information you would like considered -- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It should be understood by the applicant that if this leave is approved, guarantee of position after such leave shall mean a teaching position within the Glenbard system. There is no intention on the part of the Board of Education to guarantee assignment to a specific building and certainly includes only an instructor's position and does not include any special service assignment. (Applies to all leaves of absences.)

Also, it should be understood by the applicant that if this leave is approved, the applicant will not receive pay or advancement on the salary schedule while on leave of absence.

This application must be filed in accordance with procedures as outlined in the Professional Agreement between the Board of Education and the certified staff of the Glenbard Township High Schools.

The signature of the applicant signifies that the applicant has read and agrees with the foregoing statements.

Signature of Applicant \_\_\_\_\_

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

**NOTE: Please refer to Professional Agreement for specific date for application. Department Chair and Building Principal must complete additional forms by the filing deadline.**

REVISED January 1976  
August 1980  
July 1981  
October 1999

APPENDIX 'A'

**LEAVE OF ABSENCE**

\_\_\_\_\_, a member of your department, has applied for a leave of absence for the \_\_\_\_\_ school year. Your specific answers to the following questions would be appreciated.

1. What is your estimation of this individual as a teacher? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would the leave of absence contribute to the betterment of students, school and/or department? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Chair

REVISED January 1976  
August 1980  
July 1981  
October 1999

APPENDIX 'B'

**LEAVE OF ABSENCE**

\_\_\_\_\_ has applied for a leave of absence for the \_\_\_\_\_ school year. Your specific answers to the following questions would be appreciated.

1. What is your estimation of this individual as a teacher? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would the leave of absence contribute to the betterment of students, school, and/or department? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

REVISED January 1976  
August 1980  
July 1981  
October 1999