

**The Limestone District School Board**  
APPLICATION FOR TEACHER-FUNDED SABBATICAL LEAVE WITH SALARY HOLDBACK  
(Semester II)

**CONFIDENTIAL**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Qualifications: \_\_\_\_\_

# of Years with the Board(minimum of 7 years required): \_\_\_\_\_

School year in which teacher funded sabbatical is desired: First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Have you had a previous sabbatical leave? Yes No If yes, what year \_\_\_\_\_

What sum, of money or percentage of net income do you wish deducted per pay, prior to taking this leave? \_\_\_\_\_

Are you aware that your money will be deposited by the Board in a trust account at Unity Savings and Credit Union? Yes No

Are you aware that access to these funds will occur only at commencement of leave or formal withdrawal from the plan? Yes No

Are you aware of the Income Tax regulations which will be applied to your salary payments throughout the term of this plan? Yes No

Have you discusses this application with your principal? Yes No

**Give a brief description of the reason for requesting this leave:**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications are due by April 1<sup>st</sup>**

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*TO BE COMPLETED BY THE LEAVE REVIEW COMMITTEE*

**COMMITTEE'S RECOMMENDATION**

**Leave Approved:** Yes No

**Starting date of the Plan:** \_\_\_\_\_ (dd-mmm-yyyy)

**Year of the Leave:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Board Representative*

\_\_\_\_\_  
*Signature of OSSTF TBU Representative*

\_\_\_\_\_  
*Date*