

Describe how the program impacts and benefits to your professional/personal growth and school district. (use additional page if necessary)

I understand that if this leave is granted *without pay*, I am committed to continue my employment with Montclair Public Schools for a period of two years, following the conclusion of the sabbatical leave.

Employee Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____

Personnel Administrator _____ Date _____

Superintendent of Schools _____ Date _____

Board of Education Action Date: _____