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| Timberlane Regional School District | Procedure Code: CCCB-X |
| Adopted: 01-01-83 Reaffirmed: 04-4-91 Reaffirmed: 10-22-14 | Page 1 of 1 |

ADMINISTRATIVE SABBATICAL LEAVE

I, _____ agree to an obligation of service to the
PRINT NAME
Timberlane Regional School District, following completion or termination of my sabbatical program, of one (1) year. In the event I voluntarily terminate my employment prior to completion of obligated service, I shall pay the Timberlane Regional School District an amount of money equal to the sabbatical expenses received, except that payment may be pro-rated if a portion of the service obligation has been met.

Date _____ Signature _____