Application for Sabbatical Leave
Support Staff

Human Resources

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Clear Form

Form 003-F19
October 2026

Sabbatical leave allows educational support employees with at least five years of service to pursue activities that benefit the school system, such as obtaining teacher certification. Requests must be submitted in writing to the Human Resources between July 1 and December 1 of the preceding year for which the leave is requested. Up to seven applicants may be granted sabbatical leave each year based on available funding. All applications will receive equal consideration regardless of when they are submitted within this period. Verification of completed coursework or experience must be submitted upon completion. ***Eligibility approval does not guarantee sabbatical leave.***

Name:		**Employee ID**	
Position:		**Work Site:**	
Number Years Employed by FCPS:			
Year of Previous Sabbatical If Applicable:			
Requesting Sabbatical for: ☐ Fall ☐ Spring ☐ Summer		**Enter Year Associated with the semester:**	
Salary Option (select only one): Please see Section 6.02 – Leaves with Pay of the FASSE Negotiated Agreement **☐50% of Salary full year of Sabbatical ☐100% of Salary for Sabbatical for only the time of the student teaching.**			

College/university you plan on attending	
Anticipated program of study	
Total # credits enrolling in during sabbatical pd	
Anticipated program completion date	
Independent study/research –specify topic	

Additional information for consideration

I hereby make application for sabbatical leave for the upcoming school year in accordance with the policy and regulations noted with this application.

I understand that if I am selected for a sabbatical leave I must register for a minimum of 12 semester hours per semester unless an exception is granted by the Senior Human Resources Manager. All course work grade reports must be presented to the Senior Human Resources Manager for verification for each 12 semester hours completed.

I will return to employment with Frederick County Public Schools at the end of my sabbatical period. If I am not available for employment at that time, I will refund all salary paid to me during the school year for which sabbatical leave is granted. If I do not pursue my plans for the sabbatical year, I will refund the salary monies provided.

Signature:		**Date:**	

Attach to this form any additional information on your plans for the sabbatical year.

Please submit your completed application between July 1 and December 1 of the year preceding the requested sabbatical to HumanResources@fcps.org

Proposed Coursework Approval Form
Sabbatical Leave (Support)

Name: _____

Direction on processing sabbatical leave is found in the *Negotiated Agreement between FASSE and the Board of Education*. Please provide a list of the coursework you plan to take for your sabbatical year. An applicant who intends to study must register for a minimum of 12 semester hours per semester unless an exception is granted by the director of human resources. If you are taking less than 12 credit hours each term, provide a description of the planned alternative activity.

Semester	Institution	Course Title	Semester Hours

Tuition reimbursement shall be available to any educational support employee on a sabbatical that has not received the maximum reimbursement for the fiscal year and who meets the following criteria:

a. The educational support employee should submit this Proposed Coursework Approval form to the Senior Human Resources Manager, Support Talent Acquisition and Relations for approval of course work prior to enrollment.
b. The maximum reimbursement for the fiscal year shall not exceed $3,500.
c. Tuition reimbursement for educational support employees will be processed as described in Article 8.3 of the Non-Supervisory Support Employee Unit Negotiated Agreement.

FOR HR USE ONLY

	Yes	No
Employee has ≥ 5 years of active service	☐	☐
Employee's prior-year evaluation is satisfactory	☐	☐
Employee has not previously taken sabbatical	☐	☐
Request submitted by the March 1 deadline	☐	☐
Requested activity meets criteria for school system benefit	☐	☐
Required coursework/experience plan submitted	☐	☐

		HR Review and Recommendation:	☐ **Approved** ☐ **Denied**
HR Reviewer Name:		**Title:**	
Signature:		**Date:**	
Additional Notes:			