

NBTA – FORM D

APPLICATION FOR EDUCATIONAL LEAVE FOR 2023 - 2024

COMPLETE AND RETURN ONE COPY TO EACH OF THE FOLLOWING:

(1) — Kimberley McKay, Secretary
Educational Leave Committee
New Brunswick Teachers' Association
650 Montgomery St., P.O. Box 752
Fredericton, N.B. E3B 5R6
Email: edleave@nbta.ca

(2) — Superintendent

(3) — School Principal

(4) — Retain for Applicant's Records

*** POSTMARKED OR RECEIVED BY EMAIL NO LATER THAN NOVEMBER 1, 2022.**
Teachers are advised to use REGISTERED MAIL or COURIER if they apply close to the deadline date.

PART I

Name _____	School _____ Branch _____
Home Address _____ _____	School Address _____ _____
Postal Code _____ Home Phone _____	Postal Code _____ School Phone _____
Email _____	Name of School Principal _____ Email _____
Teacher Certification _____	Grade Level Taught _____
Subject Matter _____	
Number of Years Teaching in N.B. _____ Degree(s) or Diploma(s) Held _____	
Salary - Present school year _____ Next school year _____	

Have you ever received a sabbatical or educational leave? _____
If so, for what year(s)? _____

Have you previously applied for a sabbatical or educational leave? (Complete only if you have never received a paid leave.)

If so, for what year(s)? _____

Are you enrolled in a deferred salary leave plan? Yes No

For what time period are you requesting an educational leave _____ months (_____ days)?

Beginning Date _____ Termination Date _____

If you are applying for a full year leave, please indicate if you are interested in less than a full year if that is all the committee has available. Yes No

If you are applying for a leave of less than a full year, please indicate if you teach in a semestered school. Yes No

Name of teachers' college or university attended to qualify for your license _____

Date license granted _____

PART II

List of additional courses taken since receiving your license:

Date	Institution	Course

NOTE: A photocopy of all your transcripts (including former degrees) must accompany your application.

PART III

List of School Districts for which you have taught under contract during the last five (5) years

Year	School District No.	Position Occupied	Subjects Taught

PART IV

Have you applied for a scholarship or have you received a scholarship for your requested Educational Leave?

Yes No

If yes, explain (Limit: 200 words. Add an additional page if necessary)

If I receive an educational leave of six months or more, I agree to return to the field of public education in New Brunswick for at least one year following the termination of my educational leave or extended leave. Furthermore, I agree to follow the plan outlined in my application or as approved by the Educational Leave Committee. If I do not comply with the above, I understand that I may be required to repay the salary received during my educational leave.

Date _____ Signature _____

NOTE: Applicants for educational leave are asked to read carefully the Regulations on Educational Leave which accompany the application forms.

Date _____ Applicant's Signature _____

(NOTE: If submitting by email, the application will need to be printed, signed, and scanned before doing so.)

Please attach a copy of transcripts