# Division of Federal Programs
## Sabbatical Leave Reimbursement Worksheet
### Title I/Chapter 1

## SECTION A

1. Name of Staff Member: ____________________________ Position Title: ________________

2. Leave From: ____________________________ To: ____________________________

3. Date of Board Approval for Sabbatical Leave: ____________________________

If staff person requesting sabbatical leave has ten (10) years or more of full-time service in Title I/Chapter 1, complete Section C only.

## SECTION B

<table>
<thead>
<tr>
<th>Step</th>
<th>Title I/Chapter 1 Sabbatical Leave Cost for less than ten (10) years of service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sabbatical Leave Cost</td>
</tr>
<tr>
<td></td>
<td>(count each year as .1 – not to exceed 1.0)</td>
</tr>
</tbody>
</table>

Step 1  \( \text{Sabbatical Leave Cost} \times \frac{\text{Years of Services}}{10} = \text{Title I/Chapter 1 Share} \)

Step 2  \( \text{Title I/Chapter 1 Share} \times \text{Average FTE} = \text{Adjusted Title I/Chapter 1 Share} \)

## SECTION C

1. Sabbatical Leave Cost for Title I/Chapter 1*: $ __________
   
   * Use full cost for sabbatical leave for employees with ten or more years of full-time service in Title I/Chapter 1. Use the adjusted Title I/Chapter 1 share from Section B for staff with less than ten years full-time service in Title I/Chapter 1.

2. Cost for Substitute: $ __________

3. Total Cost: $ __________

4. Total Cost (salary & benefits) if not on sabbatical: $ __________

If #3 is greater than #4, provide an assurance that the cost will not decrease the size, scope, and quality of the Title I/Chapter 1 Program. Indicate the amount of carryover from previous school year, if applicable: $ __________

Superintendent’s Signature ____________________________ LEA/District ____________________________ Date ____________________________