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

Step 1 Title I/Chapter 1 Sabbatical Leave Cost for less than ten (10) years of service:

Sabbatical Leave Cost	X	Years of Services (count each year as .1 – not to exceed 1.0)	=	Title I/Chapter 1 Share
_____	X	_____	=	_____

Step 2 Title I/Chapter 1 Sabbatical Leave Cost for less than full-time service.

Title I/Chapter 1 Share (from Step 1)	X	Average FTE	=	Adjusted Title I/ Chapter 1 Share
_____	X	_____	=	_____

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
_____	_____	_____