

**PROFESSIONAL EDUCATOR APPLICATION FOR
EDUCATIONAL LEAVE WITHOUT PAY (ELWOP) OR ADMINISTRATIVE REEMPLOYMENT RIGHTS (ARR)
SCHOOL YEAR 2011-2012**

Name of Applicant _____ SSN: _____

School _____ Present Position/Title _____

District _____

1. Categories qualified to teach (list categories, subject areas)

2. I have been serving on a full-time permanent continuous appointment with DoDEA since _____

3. I am serving under a transportation agreement: _____
(Yes or No)

4. I am eligible for Renewal Agreement Travel this summer of 2011: _____
(Yes or No)

5. I have previously been on ARR, LWOP, Yearlong Educational Leave at Half-Pay: _____
(Yes or No)

If yes, which program, what school year _____

**PROPOSED PROGRAM OF STUDY FOR:
SELECT ONE: (APPLICATION REQUIRED FOR EACH PROGRAM)**

- 1. Educational Leave Without Pay ()
- 2. Administrative Reemployment Rights Program ()

I will attend _____ - _____
(College or University) (City and State)

Proposed Admittance Date _____

Program Completion Date _____

Program will include the following courses for a total of _____ semester hours (or equivalent in quarter hours).

Course Titles

NOTE: If possible, please attach course descriptions for the courses listed above as well as any correspondence from the college or university to you regarding your program of study or project.

EXPLANATION OF STRENGTHS, AND QUALITY OF PROPOSED PROGRAM OF
STUDY/PROJECT/EMPLOYMENT AND ANTICIPATED BENEFITS TO DODEA

(attach additional sheets as needed)

(Signature of Applicant)

(Date)

The following portion must be completed by your principal:

Recommend Approval _____

Recommend Disapproval _____

Comments _____

By signing this application, I certify that the educator whose signature appears above is performing at an acceptable level.

(Signature of Principal/Supervisor)

(Date)