

**DIVISION OF HUMAN RESOURCES & RISK MANAGEMENT
LAFAYETTE PARISH SCHOOL SYSTEM
P.O. DRAWER 2158
LAFAYETTE, LA 70502-2158**



**APPLICATION FOR PROFESSIONAL SABBATICAL LEAVE
as provided by Louisiana Revised Statute 17:1170, et seq.**

This form must be returned via certified mail to the Office of the Superintendent.

In order to be considered, this application must be submitted to the attention of the Superintendent not less than sixty (60) calendar days prior to the starting date for which this sabbatical leave is made.

(PLEASE TYPE OR PRINT)

Name: _____ SSN: _____ Date of birth: _____

School where presently employed: _____ Grade/Subject: _____

Current mailing address: _____

I am requesting that my professional sabbatical begin on [enter date:] _____. I will return to work on [enter date:] _____.

Have you ever taken a sabbatical leave before in Lafayette Parish? _____ If yes, dates of your last sabbatical leave: from _____ to _____.

Every person on sabbatical leave for the purpose of professional improvement shall pursue during each semester of leave a program of study earning at least nine (9) undergraduate credit hours or six (6) graduate credit hours at an institution of higher learning accredited by the Board of Education of the state or territory in which the institution is located. The courses in which the employee is enrolled must directly improve the person's skills and knowledge as a teacher.

List here the name of the institution in which you intend to enroll: _____

Mailing address for registrar's office: _____

Name and course number of courses in which you shall enroll: _____

Describe how these courses will improve your skills and knowledge in your position with LPSS:

Please attach a copy of the course catalog description of the courses in which you are enrolling. You must provide verification of your enrollment in the hours required within fifteen (15) days of the start of the semester.

APPLICATION CONTINUES ON THE REVERSE SIDE

I, the undersigned applicant, do hereby acknowledge that, if this sabbatical leave is granted, I will be paid a salary equal to sixty-five percent (65%) of the salary that I would receive if I were employed full-time by the Lafayette Parish School System. I hereby affirm that I will comply with all policies and regulations of the Lafayette Parish School system and the laws of the State of Louisiana regarding sabbatical leave as prescribed in Title 17 of the Louisiana Revised Statutes.

As a condition of this sabbatical leave and to be eligible for compensation during such leave, I do hereby agree to return to service in the Lafayette Parish School System for one (1) semester for each semester of sabbatical leave which I may be granted herein and that such service shall begin immediately at the expiration of the sabbatical leave period herein requested. If I fail to return to work as agreed herein, I shall return to the Lafayette Parish School system all sabbatical leave compensation paid to me by the Lafayette Parish School System during the time of my sabbatical leave.

I further acknowledge that I am prohibited during the period of this sabbatical leave from being employed for more than twenty (20) hours per week. If I work fewer than twenty (20) hours per week, any work must meet all of the requirements of Louisiana Revised Statute 17:1177 and must have been approved by the Lafayette Parish School Board. I further acknowledge that I am prohibited by state law (LA R.S. 17:1177c) from being employed during the period of this sabbatical by any public or non-public school system within the United States of America, its territories or possessions.

I further affirm that all statements and representations made herein are true, accurate, and correct to the best of my knowledge and belief.

Upon my return from sabbatical leave, I shall provide the Human Resources Department with a transcript verifying my completion of the required hours of study.

Applicant's signature

Date

FOR H.R. DEPARTMENT USE

Applicant's date of hire: _____ Sabbatical approved/denied by _____ on _____

Date on personnel changes: _____ Employee notified on _____ by _____