

**St. TAMMANY PARISH SCHOOL BOARD
APPLICATION FOR SABBATICAL LEAVE
UNDER LOUISIANA REVISED STATUTE
17:1170 et. seq.**

PROFESSIONAL AND CULTURAL IMPROVEMENT

IMPORTANT: This application must be sent by certified mail to the attention of the Superintendent not less than sixty (60) calendar days prior to the starting date for which this sabbatical leave application is made. Those applications received less than sixty calendar days before such date may be denied.

The undersigned, _____,
(Last) (First) (Middle I.)

_____, _____
(Date of Birth) (Employee Identification Number)

(Street Address, City, State, Zip Code)

presently employed as a/an/the _____ at _____ has
(Grade, Subject, Position) (School/Location)

completed _____ consecutive semesters in active service in the St. Tammany Parish School System
(Number)

and does hereby make application for Sabbatical Leave for _____ semester(s)
(Number)

beginning _____, and ending _____.
(Date Effective) (Date Returning)

Employee's home telephone number: _____

Please complete the following:

Name of course(s) of study to be pursued, whether those course(s) are at the graduate or undergraduate level, and the number of semester hours of each: _____

(1) If a formal course of study at a college or university is **NOT** contemplated, please describe the program of independent study, research, authorship, or investigation, which will be pursued. **(Please Attach)**

(2) If travel, rather than a course of formal study, is planned, state how such travel will be of educational value in directly improving your skills as a teacher. **(Please Attach)**

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 St. Tammany Parish Public School System. I hereby affirm that I will comply with all policies and regulations of the St. Tammany Parish Public School System and the laws of the State of Louisiana regarding sabbatical leave enumerated in Title 17 of the Louisiana Revised Statutes, as amended.

As a condition of this sabbatical leave and to be eligible for compensation during such leave, I, the undersigned applicant, do hereby agree to return to service in the St. Tammany Parish Public 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.

I further acknowledge that I am prohibited by state law [La. R.S. 17:1177(C)] from being employed during the period of this sabbatical leave, if granted, 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.

Applicant's Signature

Date of Completion of this Form

Original—Human Resources

Copy—School or Department

Copy--Employee

An Equal Opportunity Employer