

**ST. TAMMANY PARISH SCHOOL BOARD
HUMAN RESOURCES DEPARTMENT
POST OFFICE BOX 940
COVINGTON, LOUISIANA 70434-0940**

APPLICATION FOR LEAVE WITHOUT PAY

The undersigned, _____, _____
(Print Full Name) (Employee Identification Number)

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

has completed _____ consecutive years in the St. Tammany Parish School System and does hereby
(Number)

make application for a Leave Without Pay for _____
(Length of Leave)*

beginning _____ and ending _____ for the purpose as checked below:

_____ maternity leave (Attach doctor's certificate as to dates of disability.)

_____ rest and recuperation (Attach one (1) doctor's certificate.)

_____ Military Leave

_____ other (Attach explanation.)

The undersigned does hereby agree to fully comply with all requirements of the Leave Without Pay Policy as mandated by the State of Louisiana and the St. Tammany Parish School Board and is forwarding this application by certified mail to the Parish Superintendent on this _____ day of _____, 20_____

Signature of Principal/Dept. Head _____ Date _____

Signature of Employee _____ Date _____

White-Human Resources

Canary-School or Department

Pink-Employee