

MEDICAL

SABBATICAL LEAVE REQUIRED ITEMS AND INFORMATION

1. Application for leave
2. Sabbatical leave agreement
3. A request for a medical sabbatical should be received at least Thirty (30) days prior to the beginning of the semester of leave.
4. *A doctor's statement is required supporting your request for a Leave.
5. Application MUST be returned by certified mail to the Superintendent.
6. While on sabbatical leave, you will continue to receive sixty-five percent of your salary.

Remember, you MUST mail your Sabbatical Leave application by **Certified Mail** to the:

Superintendent
Caddo Parish School Board
P.O. Box 32000
Shreveport, LA 71130-2000

NOTE: *If the doctor's statement is mailed separately from the application, it does not have to be mailed by certified mail.

RETURN FORM BY CERTIFIED MAIL

CADDO PARISH SCHOOL BOARD

PERSONNEL DEPARTMENT

REQUEST FOR SABBATICAL LEAVE

(Under Louisiana Revised Statute 17:1170 et. seq.)

PLEASE PRINT OR TYPE

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

_____ ZIP CODE _____

TELEPHONE NO. _____ DATE OF BIRTH _____

SCHOOL _____ POSITION _____

GRADE/SUBJECT _____

PERIOD REQUESTED FOR LEAVE _____

Use semesters or exact dates

_____ **PROFESSIONAL IMPROVEMENT (Explain manner in which leave will be spent)**

NAME OF COLLEGE/UNIVERSITY TO BE ATTENDED: _____

The school is on a quarter system _____ The school is on a semester system _____

A request for study MUST be received at least sixty (60) days prior to beginning of semester.

_____ **MEDICAL LEAVE (Describe the present state of your health and the reasons which necessitate the request).**

A request for medical leave must include a statement from your attending physician certifying that your health is such that the granting of such leave would be proper and justifiable.

Employee's Signature

Principal/Supervisor's Signature

Sabbatical leave application and leave agreement form MUST be mailed by certified mail to:

Superintendent
Caddo Parish School Board
P. O. Box 32000
Shreveport, LA 71130-2000

No person granted a sabbatical leave shall be employed by any public or private elementary or secondary school during such period of leave.

Please state the exact manner in which the requested sabbatical leave will be spent:

I, the undersigned applicant, do hereby acknowledge that, if this sabbatical leave is granted, I will be paid a salary equal to sixty-five (65%) of the salary (which is fixed at the inception of the sabbatical leave and will not change during the period of said sabbatical leave) that I would receive if I were employed full-time by the Caddo Parish Public School System at the beginning of the period of this sabbatical leave. I hereby affirm that I will comply with all policies and regulations of the Caddo 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 Caddo Parish Public School System for one (1) semester for each semester of leave immediately at the expiration of the sabbatical medical leave period herein requested.

I further acknowledge that I am prohibited during the period of this sabbatical leave, if granted, to be gainfully employed (for not more than twenty (20) hours per week) unless such work meets all of the requirements of Louisiana Revised Statute 17:1177, and has been approved by the Caddo Parish School Board. I further acknowledge that I am prohibited by state law (La.R.S. 17:1177© from being employed during the period of this sabbatical medical 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 representation made herein are true, accurate and correct to the best of my knowledge and belief.

Applicant's Signature

Date of Completion of this Form

CADDO PARISH SCHOOL BOARD

SABBATICAL LEAVE AGREEMENT

Pursuant to LRS 17:1187, I hereby understand and agree that as a condition of my being granted sabbatical leave by the Caddo Parish School Board for _____ **(use semester or exact date)** and in order to be eligible for compensation during such leave, I will return to service in the Caddo Parish School System for one semester for each semester of leave following the expiration date of such leave.

Should I fail to carry out the provisions of this agreement for any reason other than incapacitation illness as certified by two physicians, I shall forfeit all compensation received during the leave period unless I have accepted immediate employment at the expiration of such leave in a state operated educational agency, department, school, college or university in which event I shall forfeit only that portion of the compensation paid to me by the Caddo Parish School Board during the leave period.

Should I fail to return to work from sabbatical leave, I understand that monies due the Caddo Parish School Board by me become due in full on the day I fail to report back to work.

Witness

Signature

Date

Date

This agreement must accompany your request for sabbatical leave.

- (f) Would this condition prohibit the patient from conducting the duties of a teacher?
Yes **No**

If yes, then estimate the number of weeks (from the date of the diagnosis) that the teacher would be unable to perform the duties of his/her profession. _____ weeks

- (g) Based on your diagnosis, could this patient be gainfully employed in any other job or occupation on a part-time basis (20 hours a week or less) during the period of this sabbatical medical leave without impairing the purpose of the medical leave?
Yes **No**

Please provide any other information which you feel would be pertinent in the School Board's decision process to whether or not to grant the sabbatical medical leave request made by the patient.

I, the undersigned, hereby affirm that I am a physician licensed under that laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further certify under penalty of criminal prosecution (La.R.S. 14:125) that I have examined the herein named patient/applicant for sabbatical medical leave, and have found that the medical condition stated above makes the leave applied for herein medically necessary.

Signature of Physician

(Only original signature – No Facsimile)

Date Signed

Please mail this form directly to:

Caddo Parish School Board
Certified Personnel Department
P.O. Box 32000
Shreveport, LA 71130-2000