

STUDY **SABBATICAL LEAVE**

REQUIRED ITEMS AND INFORMATION

1. Application for leave
2. Sabbatical Leave agreement
3. A request for study Sabbatical **MUST** be received at least sixty (60) days prior to the beginning of the semester of leave.
4. Application **MUST** be returned by certified mail to the Superintendent.
5. 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

LEAVE REQUIREMENTS

Each person on professional sabbatical leave:

1. **Must earn at least **nine (9) undergraduate or six (6) graduate credit hours each semester** from a college accredited by the board of education of the state in which located. Teachers on professional leave **must be enrolled for a period of not less than fifteen (15) weeks per semester of leave.****

If you attend a school on the quarter system, please call 603-5474 for additional information to be sure you are fulfilling your requirements while on leave.

2. Must write the superintendent, within 30 days after the beginning of each semester, a report of approximately one hundred (100) words of the manner in which such leave will be spent. (

The initial report to the superintendent shall name the institution being attended and the number of credit hours being taken.

3. Must write the superintendent, within 30 days after the end of such leave, approximately two-hundred fifty (250) words of the manner in which such leave has been spent.
4. The final report shall be accompanied by an official transcript that the number of credit hours required has been taken at the institution specified.

Each person granted a sabbatical leave shall be prohibited as a condition of his leave from being employed by any public or private elementary or secondary school in Louisiana or in any other state during his leave. The prohibition applies to any employment, whether full-time, part-time or as a day-by-day substitute elementary and secondary schools.

Please complete the attached questionnaire (RDL-2) and return to this office as soon as possible.

Monthly pay checks will be held until the report and transcript are received.

PLEASE VERIFY AND COMPLETE THE FOLLOWING INFORMATION
REQUEST AND RETURN TO THE SUPERINTENDENT, CADDO PARISH
SCHOOL BOARD, P. O. BOX 32000, SHREVEPORT, LOUISIANA 71130-2000

1. Name _____
2. Effective dates of leave _____
3. College or university in which you have enrolled _____
4. Number of graduate hours scheduled _____
Number of undergraduate hours scheduled _____
5. Will you be employed and paid a salary while on leave? _____
If answer is yes, please state the name of employer _____

6. How many hours per day are you employed? _____
7. What type work are you doing? _____
8. Each person granted sabbatical leave shall be prohibited as a condition of his/her leave from being employed by any public or private elementary or secondary school in Louisiana or in any other state during his/her leave. The prohibition applies to any employment, whether full-time, part-time or as a day-by-day substitute in elementary or secondary schools.

This is to certify that I understand that if I do not pursue and earn at least nine undergraduate or six graduate credit hours each semester, and be enrolled for a period of not less than fifteen weeks per semester of leave, I will forfeit all compensation received during the leave period and must reimburse the Caddo Parish School Board.

Signature

Date

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.