

RICHLAND PARISH SCHOOL BOARD
SABBATICAL LEAVE REQUEST

NAME _____

DATE OF BIRTH _____ POSITION _____

LOCATION OF EMPLOYMENT _____

SEMESTERS SPENT IN ACTIVE SERVICE IN PARISH _____

PERIOD FOR WHICH LEAVE IS REQUESTED _____

PURPOSE OF LEAVE _____

(Physician's statements required for rest and recuperation.)

PRECISE MANNER IN WHICH LEAVE WILL BE SPENT: (Use additional sheet if necessary.)

I HAVE BEEN PROVIDED A COPY OF THE RICHLAND PARISH SCHOOL BOARD SABBATICAL LEAVE POLICY AND AGREE TO ABIDE BY ITS PROVISIONS.

Signature of Applicant