

RICHLAND PARISH SCHOOL BOARD

Post Office Box 599
Rayville, LA 71269

**APPLICATION FOR SABBATICAL LEAVE
UNDER LOUISIANA REVISED STATUTE 17:1170 et. seq.**

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. Should an applicant become ill during a semester, the request must be sent by certified mail to the attention of the Superintendent no less than thirty (30) days prior to the proposed starting date for the sabbatical leave.

Name of Applicant: _____
Last First Middle

Mailing Address: _____

Social Security No: _____

Date of Birth: _____

Exact period for which leave is requested: _____

Sabbatical leave may be granted on the ration of two (2) semesters for twelve (12) or more consecutive semesters of active service within the employ of the Richland Parish School Board or one (1) semester for six (6) or more consecutive semesters of such service.

List the consecutive semesters of active service in the Richland Parish Public School System (Ex., 1/94-95 through 2/98-99)

The applicant has _____ worked _____ consecutive semesters as of (date) _____.

Verified by: _____ Date _____

Signed: _____
Signature of Accounting Supervisor

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Rayville, LA 71269
Phone: (318) 728-5964

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 percent (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 Richland 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 Richland 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 Richland 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 during the period of this sabbatical leave, if granted, to be employed gainfully for more than twenty (20) hours per week, and such work meets all of the requirements of Louisiana Revised Statute 17:1177, and has been approved by the Board of the Richland Parish Public School System. 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

RICHLAND PARISH SCHOOL BOARD

Sabbatical Leave Agreement

Pursuant to Act 715 of 1977,

I, _____ do hereby affirm my intentions to return to service in the Richland Parish School System for a period of time at least equal to the time spent on sabbatical leave; I also acknowledge that failure to return to service following the expiration date of sabbatical leave, for any reason other than incapacitating illness as certified by two physicians, shall result in forfeiture of all compensation received during the leave period.

Signature

Address of Applicant

Date

Sworn to and subscribed before me

on this the _____ day of _____, 200__.

Notary Public