



Livingston Parish Public Schools

P.O. Box 1130
 Livingston, Louisiana 70754-1130
 Phone: (225) 686-7044 Fax: (225) 686-4257

Office Use Only	
HR	_____
SPED	_____
OTHER	_____
JOB CLASS	_____

REQUEST AND AGREEMENT FOR SABBATICAL LEAVE

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

Employee # _____ Date _____
PLEASE PRINT OR TYPE

Name _____ DOB _____
(MONTH) (DAY) (YEAR)

Address _____

(CITY) (STATE) (ZIP CODE)

Home Phone _____ Cell Phone _____

School _____ Position _____

List the consecutive semesters of active service in the Livingston Parish Public School system
 (i.e. 1/94-95 through 2/98-99) _____

Exact Period for which leave is requested _____
(USE SEMESTERS OR EXACT DATES)

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

COLLEGE/UNIVERSITY TO ATTEND: _____

COURSE	GRAD/UNDERGRAD	HOURS

OR

MEDICAL LEAVE – Physician’s Verification Form HR107 must also be completed. (Describe the present state of your health and the reasons which necessitate the request.)

Sabbatical leave application and leave agreement form MUST be mailed by certified mail to: Superintendent, Livingston Parish Public Schools, P. O. Box 1130, Livingston, LA 70754

DEADLINE FOR SUBMISSION

Sixty (60) days prior to the start of the semester of leave unless it is a medical emergency.

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 at the time the leave begins. I hereby affirm that I will comply with all policies and regulations of the Livingston 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 do hereby agree to return to service in Livingston 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.

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 Livingston Parish School Board during the leave period.

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

I further acknowledge that I am prohibited during the period of this sabbatical leave to be gainfully employed for not more than twenty (20) hours per week unless such work meets all of the requirements of the Louisiana Revised Statute 17:1177, and has been approved by the Livingston Parish School Board. I further acknowledge that I am prohibited by L.R.S. 17:1177 from being employed during the period of this sabbatical medical leave 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

Principal's Signature

Date

SUMMARY OF REQUIREMENTS FOR SABBATICAL LEAVE

For complete requirements refer to LPSB Policy: GBRHA

I. ELIGIBILITY

- A. The applicant must hold a valid Louisiana Teaching Certificate to be considered for leave.
- B. A teacher who works six (6) consecutive semesters is normally eligible for one (1) semester of sabbatical leave.
- C. A teacher who works for twelve (12) consecutive semesters is normally eligible for two (2) semesters of sabbatical leave.

II. REQUIREMENTS

- A. Request for Sabbatical Leave properly completed and executed by applicant and Principal. **Remember, you must mail your sabbatical leave application by certified mail** to Superintendent, Livingston Parish Public Schools, P. O. Box 1130, Livingston, LA 70754.
 - 1. **Professional Improvement Sabbatical**: A teacher must earn six (6) **graduate hours** or nine (9) **undergraduate hours** during each semester of sabbatical leave. (*Note: These hours must be earned during the regular fall or spring semesters.*)
 - 2. **Medical Sabbatical**: Physicians verification (Form HR107) must be completed and attached to the request.
- B. **Initial Report to Superintendent**
A teacher granted a sabbatical leave must file an initial report of approximately one hundred (100) words with the superintendent within the first thirty days of the semester wherein the name of the institution being attended and courses being pursued are listed. The Initial Report must be completed EACH semester of the leave.
- C. **Final Report to Superintendent**
The final report of two hundred and fifty (250) words indicating the manner in which the leave was spent. For a PI Sabbatical final report must be accompanied by a TRANSCRIPT showing that the number of credit hours required has been at the institution specified.
- D. **Please Note**
A teacher who has been granted a sabbatical leave cannot accept employment from any public or private elementary, middle, or secondary school in or out-of-state during the leave period. This prohibition includes substitute teaching and/or any other employment by an elementary, middle or secondary school.

DEADLINE FOR SUBMISSION

Sixty (60) days prior to the start of the semester of leave unless it is a medical emergency.