

WEST BATON ROUGE PARISH SCHOOL BOARD
3761 Rosedale Road
Port Allen, LA 70767
Phone (225) 343-8309 * * Fax (225) 387-2101

APPLICATION FOR MEDICAL SABBATICAL LEAVE

PER 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 medical leave.

NAME

Last	First	MI	Date of Birth
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SOCIAL SECURITY # _____ SCHOOL _____

MAILING ADDRESS

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

EXACT PERIOD FOR WHICH LEAVE IS REQUESTED

A STATEMENT FROM TWO PHYSICIANS* ATTESTING TO THE NEED FOR THE MEDICAL SABBATICAL LEAVE MUST BE PROVIDED ON THE ATTACHED FORMS AND SENT DIRECTLY BY THE PHYSICIANS TO THE WEST BATON ROUGE PARISH SCHOOL BOARD OFFICE.

***The second physician's statement (certification) shall be required from a physician representing the School Board and designated by the School Board.**

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 West Baton Rouge Parish 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 West Baton Rouge Parish 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 West Baton Rouge Parish School System for one (1) semester for each semester of sabbatical medical leave which I may be granted herein, and that such service shall begin 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 employed gainfully for 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 Board of the West Baton Rouge Parish 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 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 representations made herein are true, accurate and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

DATE OF COMPLETION OF THIS FORM