

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

APPLICATION FOR SABBATICAL LEAVE FOR PROFESSIONAL AND CULTURAL
IMPROVEMENT

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. Those applications received less than sixty (60) calendar days before such date may be denied.

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

COMPLETE THE FOLLOWING:

Name and location of College or University to be attended

Name of **course(s)** of study to be pursued, whether those course(s) are at the graduate or undergraduate level, and the number of semester hours of each.

If a formal course of study at college or university is NOT contemplated, please describe the program of independent study, research, authorship, or investigation, which will be pursued.

If travel, rather than a course of formal study is planned, state how such travel will be of educational value in directly improving your skills as a teacher.

Please state and specifically describe below how the course of study or travel listed above will enhance your teaching skills.

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 West Baton Rouge Parish School System at the beginning of the period of this sabbatical leave. I grant permission and/or authority to the institution(s) named in this application to release my school attendance, courses undertaken, grades earned therein, and any other relevant information to officials of the West Baton Rouge Parish School System. I further attest and authorize that a photocopy of this application may be considered as an original for purposes of requesting the release of information to the West Baton Rouge Parish School System. I also understand that every person on sabbatical leave shall transmit to the Associate Superintendent for Human Resources/Staff Development within thirty (30) days after the beginning of each semester of leave a written report of approximately one hundred words, of the manner in which such leave will be spent, and within thirty (30) days after the end of such leave, a written report of approximately two hundred and fifty words, of the manner in which such leave has been spent. In case such person has elected to spend any semester in accordance with provisions of R.S. 171177(1), the initial report shall indicate the institution being attended and the number of credit hours being taken, and the final report shall be accompanied by official evidence that the number of credit hours required has been taken at the institution specified.

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 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 by state law [La. R.S. 17:1177CJ from being employed part-time or full-time 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 OF THIS FORM

PRINCIPAL'S SIGNATURE

DATE