

**REQUIREMENTS FOR SABBATICAL LEAVE FOR  
PROFESSIONAL DEVELOPMENT**

-Please Remove Top Copy and Return Remaining Packet-

**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. Semester Hours  
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.)*
- B. Initial Report to Superintendent  
A teacher granted a sabbatical leave must file an initial report of approximately one hundred 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 250 words indicating the manner in which the leave was spent 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:

*60 days prior to the start of the semester of leave*

- The leave is based on the 182 day school calendar.

**I have read the above requirements for sabbatical leave for professional development and understand that according to RS 17:1177 my program of study shall be credit hours that directly improve my skills and knowledge as a teacher and that failure to submit the reports and transcript as required by RS 17:1178 could result in me reimbursing the Calcasieu Parish School Board for salary earned while on this leave.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

APPLICANT COPY

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

PERSONNEL DEPARTMENT COPY

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

**PROFESSIONAL AND CULTURAL IMPROVEMENT**

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_ S. S. #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Assignment / (if teacher) Subject Area Taught      Location

List the consecutive semesters of active service in the Calcasieu Parish School System:  
\_\_\_\_\_

Have you ever been granted a retire-rehire? \_\_\_\_\_

Exact period for which leave is requested: \_\_\_\_\_

List the name(s) and address(es) of the educational institution(s) you will be attending and who can verify your attendance and status as a full-time student during the sabbatical leave.

Educational Institution(s)      Educational Institution(s) Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 a college or university is NOT contemplated, please describe the program of independent study, research, authorship, or investigation that 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.

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

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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 that I would receive if I were employed full-time by the Calcasieu 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 Calcasieu 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 Calcasieu Parish School System.

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 Calcasieu 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.17:1177(C)] 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, the undersigned applicant, also understand that failure to submit the reports and transcript as required by RS 17:1178 could result in me reimbursing the Calcasieu Parish School Board for salary earned while on this leave.

I further affirm that all statements and representations made herein are true, accurate and correct to the best of my knowledge and belief.

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*Signature*

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*Date of Completion of this Form*

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*Location*

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*Assignment*

**SABBATICAL LEAVE RETURN TO WORK AGREEMENT  
PURSUANT TO ACT 715**

As a condition of the sabbatical leave and in order to be eligible for compensation during such leave, I, the undersigned applicant, do hereby agree to return to service in the Calcasieu Parish School System for one semester for each semester of leave I am granted immediately following the expiration of my leave as approved by the Calcasieu Parish School Board. I also understand what is expected of me according to RS 17:1178.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Form was Completed

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Name of Applicant's School/Location

\_\_\_\_\_  
Applicant's Address - City, State, Zip Code

\_\_\_\_\_  
Applicant's Assignment  
*(Grade and Subject, if Applicable)*

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's E-Mail Address

**\*\*\* Please return this completed application to:**

**Dr. Shannon LaFargue  
Superintendent  
P O Box 800  
Lake Charles, LA 70602-0800**