

Application for Professional Sabbatical Leave
Under LA RS 17:1170

IMPORTANT: This application must be sent to the Human Resources Department not less than sixty (60) days calendar days to the starting date for which this sabbatical leave application is made. Those applications received less than sixty calendar days before such date may be denied.

This application may be scanned and emailed to leave@apsb.org to assure the receipt of the application.

Name: _____
 (Last) (First) (Middle Initial)

Mailing address: _____

List the consecutive semesters of active service in the Ascension Parish Public School System (Example: 1st semester 94-95 through 2nd semester 98-99).

_____ Sem _____ through _____ Sem _____

Applicant's date of birth:

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 a 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, 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 Ascension Parish Public School System at the beginning of the period of this sabbatical leave. I grant permission and/or authority to the institution(s) named in the application to release my school attendance, courses undertaken, grades earned therein, and any other relevant information to officials of the Ascension Parish Public 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 Ascension Parish Public 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 Ascension Parish Public School System for one (1) semester for each semester of sabbatical leave which I may be granted herein, and the such service shall begin immediately at the expiration of the sabbatical leave period herein requested. I further understand that, if I fail to fulfill this requirement to return to service, I will be obligated to refund all compensation paid to me by the Ascension Parish School Board.

I further acknowledge that my principal/supervisor will be notified I have applied for this sabbatical.

I further acknowledge that I am prohibited by state law (LA R.S. 17:177 (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 further affirm that all statements and representations made herein are true, accurate and correct to the best of my knowledge and belief.

Applicant Signature	Date Signed