

CAMERON PARISH SCHOOL BOARD

Charles Adkins, Superintendent

510 Marshall Street

Cameron, La 70631

Phone: 337-775-5784

Fax: 337-775-5572

www.camsch.org

APPLICATION FOR SABBATICAL MEDICAL

PHYSICIAN'S STATEMENT AS REQUIRED BY LA REVISED STATUTE 17:1170 etseq.

THE INFORMATION CONTAINED IN THIS DOCUMENT IS EXEMPT FROM THE PUBLIC RECORD

LAWS OF THE STATE OF LOUISIANA

PLEASE PRINT OR TYPE

PART 1

TO BE FILLED OUT BY APPLICANT

Name: _____ Social Security #: _____

Mailing Address: _____ e-mail: _____

Position/Subject Area Taught (if teacher) _____ Location _____

Have you ever been granted a retire/rehire? Yes No

Exact period for which leave is requested _____

Give the precise manner in which the leave will be spend, if granted:

Physican's Name: _____

Physician's Address: _____

Physican's Phone #: _____

I, _____, do hereby grant permission and/or authority to the above named physicians to release statements of my medical health status, both physical and/or emotional, to the Cameron Parish School Board and the Board's Administrative officers in order for them to determine/verify my eligibility for sabbatical leave; and, I understand by the completion of this document/authorization that I shall be responsible for the financial charges pursuant to the completion of the statements from my physicians. THIS AUTHORIZATION SHALL NOT BE REVOKED BY ME FOR ANY REASON WHATSOEVER. Further, I _____ do hereby attest that a photocopy of this document shall serve as an original for the purpose of releasing medical information to the Board and its staff. I, the undersigned applicant, do hereby agree to comply with all of the provisions of the Louisiana Revised Statutes governing sabbatical leave including Act 715 and the regulations of the Cameron Parish School Board.

Applicant's Signature

Date

**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 Cameron 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 Cameron Parish School Board.

Applicant's Signature

Date Form was Completed

Applicant's Street Address

Name of Applicant's School/Location

Applicant's Social Security Number

Applicant's Position/Subject/Grade

Applicant's e-mail Address

Please return this completed application to:

**Mr. Charles Adkins
Superintendent
510 Marshall Street
Cameron, LA 70631**

REQUIREMENTS FOR SABBATICAL MEDICAL

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 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.**
- This leave may be granted if a statement form a licensed physician is received stating that the leave is medically necessary.**
- 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 Cameron Parish School System at the beginning of the period of this sabbatical leave.**

I have read the above requirements for sabbatical medical leave and understand them fully.

Signature

Date

PERSONNEL DEPARTMENT COPY