Professional Sabbatical Leave Procedures

1. Read Leave Requirements.

2. Complete application for leave.

3. Read and sign Sabbatical Leave Agreement.

4. A request for Professional Sabbatical MUST be received at least sixty (60) days prior to the beginning of the semester of leave.

5. Application MUST be returned by Certified Mail to the Human Resources Department.

6. While on Sabbatical Leave, you will continue to receive sixty-five percent of your salary.

Remember, you MUST mail your Sabbatical Leave application by Certified Mail to the:

Bossier Parish School Board
Human Resources Department
P. O. Box 2000
Benton, LA 71006-2000

***BPSB Policy GBRHA – Sabbatical Leave***
Leave Requirements for Professional Sabbatical

Each person on professional sabbatical leave:

1. **Must** earn at least **nine (9)** undergraduate credit hours, provided such hours directly **improve the person’s skills and knowledge as a teacher** or **six (6)** graduate credit hours each semester or **be certified as a full-time student at an institution of higher learning accredited by board of education of state in which located**. Teachers on professional leave **must be enrolled for a period of not less than fifteen (15) weeks per semester of leave**.

2. **Must** write a report **within 30 days** after the **end** of such leave explaining the manner of which such leave has been spent.

3. Required report shall be accompanied by an **official transcript** that the number of credit hours required has been taken at the institution specified. Submit report and transcript to the Superintendent, attention Human Resources.

4. Notify the Human Resources Department of intention to return to work not less than thirty (30) days prior to the beginning of the semester in which expected to return.

*Each person granted a sabbatical leave shall be prohibited as a condition of the sabbatical leave from being employed by any public or private elementary or secondary school in Louisiana or in any other state during his or her leave.*
APPLICATION FOR PROFESSIONAL SABBATICAL LEAVE
Under Louisiana Revised Statue 17:1170 et. seq.

IMPORTANT: Application shall be sent to the Superintendent by certified mail at least sixty (60) days preceding the beginning of the semester for which leave is requested. (LA R.S. Ann. 17.1171 et seq. adopted 1999)

Date: ___________________________ Employee ID Number: ________________________

Name: ____________________________

Address: __________________________

Street ___________ City ___________ State ___________ Zip ___________

Telephone Number: ___________________________ Date of Birth: ___________________________

School: ___________________________ Position: ___________________________

Grade/Subject: ___________________________

1. Period for which leave is requested: ___________________________

   (Use semesters or exact dates)

2. Number of semesters (half sessions) of continuous service in Bossier Parish School System preceding the period for which leave is requested: ___________________________

3. Total number of semesters in service in Bossier Parish School System if service not continuous: ___________

4. College or university in which you have enrolled ___________________________

5. Number of graduate hours scheduled ________________

   Name of graduate courses and hours ___________________________

   ________________

   Number of undergraduate hours scheduled ________________

   Name of undergraduate courses and hours ___________________________

   ________________

6. Attach a typed page indicating the precise manner in which the requested sabbatical leave will be spent and how this professional sabbatical will benefit you and Bossier Parish School Board. (be specific)

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PROFESSIONAL SABBATICAL LEAVE AGREEMENT

I hereby agree, in the event my application for sabbatical leave is approved, to earn at least nine undergraduate or six graduate credit hours each semester and be enrolled for a period of not less than fifteen weeks per semester of leave or forfeit all compensation received during the leave period and must reimburse the Bossier Parish School Board. I further agree to return to work for the one semester for each semester of leave following expiration of leave or forfeit pay received while on leave. I must reimburse Bossier Parish School Board at the time of scheduled return.

__________________________  __________________________  __________________
(Signature of Applicant)  (Date)  (Employee ID)

FOR PRINCIPAL

__________________________  __________________________  (School)
(Signature of Principal)  (Date)

SABBATICAL LEAVE APPROVAL

FOR HUMAN RESOURCE DIRECTOR

Applicant is [ ] OR is [ ] eligible according to personnel records.

__________________________  (Date)
(Signature of Human resource Director)

FOR SUPERINTENDENT

ACTION OF SUPERINTENDENT ________________, 20______________
A. Approved __________  B. Rejected __________

Reason if Rejected

__________________________

Rev.11/2014