Medical Sabbatical Leave Procedures

1. Complete Application for Medical Sabbatical Leave. A request for a medical sabbatical should be received at least thirty (30) days prior to the beginning of the semester of leave.
2. A Medical Sabbatical Leave Physician’s Statement Form is required supporting your request for such leave.
3. Complete Medical Sabbatical Leave Agreement Form.
4. A Medical Sabbatical Application Packet (application, physician’s statement, agreement) **MUST** be returned by certified mail to the Superintendent, ATTN: Human Resources Department.
5. Applicant will be notified of approval or denial.
6. While on sabbatical leave, you will continue to receive sixty-five percent of your salary.

Remember, you **MUST** mail your Sabbatical Leave Packet by **Certified Mail** to:

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

***BPSB Policy GBRHA – Sabbatical Leave***
APPLICATION FOR MEDICAL SABBATICAL LEAVE
Under Louisiana Revised Statue 17:1170 et. seq.

IMPORTANT: This application must be sent to the Human Resources Department, not less than sixty (60) calendar days prior to the starting date for which this sabbatical medical leave application is made. Should an applicant become ill during a semester, the request must be sent to the Human Resources Department no less than thirty (30) days prior to the proposed starting date for the sabbatical medical leave.

Name _____________________________
(Last) __________________ (First) ________ (Middle Initial) _____________ 
Mailing Address ___________________________________________________________

Employee’s Identification Number __________________ Employee’s Date of Birth __________________________

List the consecutive semester of active service in the Bossier Parish School System (EX. 1/94-95 through 2/98-99)__________________________

Exact period for which leave is requested __________________________

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 (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 Bossier Parish School System at the beginning of the period of this sabbatical leave. I hereby affirm that I will comply with all policies and regulations of the Bossier Parish School System and the laws of the State of Louisiana regarding sabbatical leave enumerated in Title 17 of the Louisiana Revised Statues, as amended.

As a condition of this sabbatical leave and to be eligible for compensation during such leave, I, the undersigned applicant, do hereby agree to service in the Bossier Parish School System for one (1) semester for each semester of sabbatical medical leave which I may be granted herein, and that such service shall begin immediately at the expiration of the sabbatical medical leave period herein requested.

I further acknowledge that I am prohibited during the period of this sabbatical leave, if granted, to be employed gainfully for more than twenty (20) hours per week unless such work meets all of the requirements of Louisiana Revised Statute 17:1177, and has been approved by the Superintendent of the Bossier Parish School System. I further acknowledge that I am prohibited by state (LA.R.S. 17:1177) from beginning employed during the period of this sabbatical medical 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)

________________________________________ (Principal’s Signature) 
________________________________________ (Date)

________________________________________ (Director of Human Resources Signature) 
________________________________________ (Date)

Approved by Superintendent _____________________________________________, 20___

A STATEMENT FROM A PHYSICIAN ATTESTING TO THE MEDICAL NECESSITY FOR THE MEDICAL SABBATICAL LEAVE MUST BE ATTACHED TO THIS APPLICATION AND SENT DIRECTLY TO THE HUMAN RESOURCES DEPARTMENT OF BOSSIER PARISH SCHOOL BOARD

Rev 9/14
MEDICAL SABBATICAL LEAVE – PHYSICIAN’S STATEMENT
Under Louisiana Revised Statute 17:1170 et. seq.
THIS INFORMATION CONTAINED IN THIS DOCUMENTS IF
EXEMPT FROM THE PUBLIC RECORD LAWS OF THE STATE OF LOUISIANA

As per Act 788 of the 2012 Legislative session, Sabbaticals may be granted for a medical necessity. A “medical necessity” is the result of a catastrophic illness or injury, a life threatening, chronic, or incapacitating condition of the employee, or member of the employee’s immediate family.

Name of Patient: ____________________________

Exact period for which leave is requested: ____________________________

Names and Address of Physician: ____________________________

Physician’s phone number: (______) ____________________________

Please complete the following request for information by circling the yes or no and providing a brief response if appropriate:

1. Have you examined and/or treated this patient during the past two years? YES NO

2. Current diagnosis and date of said diagnosis: ____________________________________________________________

3. Based on the current diagnosis:
   (a) Would this condition be considered within the parameter of a contagious or communicable disease? YES NO
   (b) Would this condition normally cause the patient to be hospitalized? YES NO
   (c) Is recuperation from the effects of this condition possible? YES NO
   (d) Does this condition reduce the patient’s capabilities in the following areas?
      (1) Vision YES NO (2) Hearing YES NO
      (3) Speech YES NO (4) Motion YES NO
   (e) Does this condition prohibit the patient from conducting normal cognitive processes? YES NO
   (f) Would this condition prohibit the patient from conducting the duties of a teacher? YES NO
      If YES, then estimate the number of weeks (from the date of the diagnosis) that the teacher would be unable to perform the duties of his/her profession: ____________________________ weeks
   (g) Based on your diagnosis, could the patient be gainfully employed in any other job or occupation on a part-time (20 hours a week or less) during the period of this medical sabbatical leave? YES NO

Please provide any other information which you feel would be pertinent in the School Board’s decision process as to whether or not to grant to sabbatical medical leave request by the patient.

I, the undersigned, hereby affirm that I am a physician licensed under the laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further certify under penalty of criminal prosecution (LA.R.S. 14:125) that I have examined the herein named patient/applicant for sabbatical medical leave, and have found that the medical condition stated above marked the leave applied for herein medically necessary.

Signature of Physician (original signature ONLY, NO facsimile) ____________________________
(Date) ____________________________

PLEASE RETURN TO PATIENT. FORM IS REQUIRED TO APPLY FOR MEDICAL SABBATICAL LEAVE

Rev 9/14
Pursuant to LRS 17:1187, I hereby understand and agree that as a condition of my being granted Medical Sabbatical Leave by the Bossier Parish School Board for ________________ (use semester or exact date) and in order to be eligible for compensation during such leave, I will return to service in the Bossier Parish School System for one (1) semester for each semester of leave immediately following the expiration date of such leave.

Should I fail to carry out the provisions of this agreement for any reason other than incapacitation illness as certified by two (2) physicians, I shall forfeit all salary compensation during the leave period unless I have accepted immediate employment at the expiration of such leave in a state operated educational agency, department, school, college or university in which event I shall forfeit only that portion of the compensation paid to me by the Bossier Parish School Board during the leave period.

Should I fail to return to work from medical sabbatical leave, I understand that monies due the Bossier Parish School Board by me become due in full on the day I fail to report back to work in Bossier Parish at my assigned position.

_________________________________  __________________________
Witness  Employee  Signature

________________________________________
Date

This agreement must accompany your request for Medical Sabbatical Leave.