

CAMERON PARISH SCHOOL BOARD
Stephanie Rodrigue, 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 LOUISIANA REVISED STATUTE
17:1170 et.seq.
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: _____ S.S. # _____

Mailing Address: _____ E-Mail: _____

_____ Phone #: _____

_____ 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 spent, if granted:

_____ Physician's Name	_____ Physician's Address
_____ Physician'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 Address-City, State, Zip Code

Applicant's Position/Subject, and Grade

Applicant's Social Security Number

Applicant's E-Mail Address

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

**Mrs. Stephanie Rodrigue
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 is for the illness of the teacher only.
- This leave may be granted if a statement from 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

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APPLICANT COPY