

**ST. TAMMANY PARISH SCHOOL BOARD
APPLICATION FOR SABBATICAL MEDICAL LEAVE
UNDER LOUISIANA REVISED STATUTE
17:1170 et. seq.**

SABBATICAL MEDICAL LEAVE

The undersigned, _____,
(Print Name) (Last) (First) (Middle)

_____, _____,
(Date of Birth) (Employee Identification Number: Munis ID #)

(Street Address, City, State, Zip Code)

presently employed as a/an/the _____
(Grade, Subject, Position)

at _____, has completed _____ consecutive semesters
(School/Location) (Number)

in active service in the St. Tammany Parish School System and does hereby make application for Sabbatical
Leave for _____ semester(s) beginning _____ and ending _____.
(Number) (Effective Date) (Return Date)

Employee's home telephone number: _____

Please state the exact manner in which the requested sabbatical leave will be spent:

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 St. Tammany Parish Public School System. I hereby affirm that I will comply with all policies and regulations of the St. Tammany Parish Public School System and the laws of the State of Louisiana regarding sabbatical leave enumerated in Title 17 of the Louisiana Revised Statutes, 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 return to service in the St. Tammany Parish Public 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. If less than twenty (20) hours per week, any such work must meet all of the requirements of Louisiana Revised Statute 17:1177 and must have been approved by the Board of the St. Tammany Parish Public School System. I further acknowledge that I am prohibited by state law [La. R.S. 17:1177(C)] from being 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.

IMPORTANT: This application must be sent by registered mail to the attention of the Superintendent 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 by certified mail to the attention of the Superintendent no less than thirty (30) days prior to the proposed starting date for the sabbatical medical leave.

A STATEMENT FROM A PHYSICIAN ATTESTING TO THE NEED FOR THE SABBATICAL MEDICAL LEAVE MUST BE PROVIDED ON THE ATTACHED FORM AND SENT DIRECTLY BY THE PHYSICIAN TO THE ST. TAMMANY PARISH SCHOOL BOARD OFFICE.

Applicant's Signature

Date of Completion of this Form

Original-Human Resources

Copy-School or Department

Copy-Employee

An Equal Opportunity Employer



ST. TAMMANY PARISH SCHOOL BOARD

321 N. Theard St. – P.O. Box 940
Covington, LA 70434-0940
Phone: (985) 898-3254 Fax: (985) 898-3205

MEDICAL FORM FOR SABBATICAL

CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE’S SERIOUS HEALTH CONDITION

SECTION I: For Completion by Employee (PLEASE PRINT)

Name of patient: _____
(Last) (First) (Middle)

Signature of patient: _____

If patient is not an employee, relationship of patient to employee: _____

Exact period for which leave is requested: _____

Name and address of physician: _____

Physician’s telephone number: _____ Physician’s fax number: _____

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SECTION II: For Completion by the HEALTH CARE PROVIDER

The patient’s signature above gives permission to the physician to give any and all information necessary relative to granting a Sabbatical request to a representative of the St. Tammany Parish School Board Department of Human Resources. All information contained in any statement from a physician shall be confidential and shall not be subject to the Public Records Law.

Attach a full explanation as to why the patient will need the time requested and a projected return to work date for the Sabbatical. The explanation must be on the physician’s official letterhead and must be signed by the physician.

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, which means a life-threatening, chronic, or incapacitating condition of the employee or member of the employee’s immediate family.

My signature below states that I swear and certify that my patient’s diagnosis fits the definition of a “medical necessity” as defined above.

Physician’s Signature

Date