



HUMAN RESOURCES

3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

If travel, rather than a course of formal study, is planned, state how such travel will be of educational value in directly improving your skills as a teacher.

Please state and specifically describe below how the course of study or travel listed above will enhance your teaching skills. (Attach additional page(s) as needed).

I, the undersigned applicant, do hereby acknowledge that, if this sabbatical leave is granted, I will be paid a salary equal to sixty-five (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 Zachary Community School System at the beginning of the period of this sabbatical leave. I grant permission and/or authority to the institution(s) named in this application to release my school attendance, courses undertaken, grades earned therein, and any other relevant information to officials of the Zachary Community School System. I further attest and authorize that a photocopy of this application may be considered as an original for purposes of requesting the release of information to the Zachary Community School System. I also understand that every person on sabbatical leave shall transmit to the Director of Human Resources within thirty (30) days after the beginning of each semester of leave a written report of approximately one hundred words, of the manner in which such leave will be spent, and within thirty (30) days after the end of such leave, a written report of approximately two hundred and fifty words, of the manner in which such leave has been spent. In case such person has elected to spend any semester in accordance with provisions of R.S. 17:1177(1), the initial report shall indicate the institution being attended and the number of credit hours being taken, and the final report shall be accompanied by official evidence that the number of credit hours required has been taken at the institution specified.

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 Zachary Community School System for one (1) semester for each semester of sabbatical leave which I may be granted herein, and that such service shall begin immediately at the expiration of the sabbatical leave period herein requested.

I further acknowledge that I am prohibited by state law [La. R.S. 17:1177C] from being employed part-time or full-time during the period of this sabbatical leave, if granted, by any public or non-public school system within the United States of America, its territories or possessions.



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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 OF COMPLETION OF THIS FORM

PRINCIPAL'S SIGNATURE

DATE

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

- Years of employment verified
- Certification during years in ZCSB verified
- Program of study from University/College OR alternate course of study indicated.

VERIFIED BY: _____

DATE: _____

APPROVAL SIGNATURE: _____

DATE: _____