

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 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 Central 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 Central 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 Central Community School System.

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 Central 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. 17:1177(C)] 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.

I hereby grant permission and/or authority to the above named institution(s) to release information relative to my school attendance, courses attended, and grade transcripts to the Central Community School System and the System's administrative officers in order for them to determine/verify my eligibility for sabbatical leave; and, I understand by the completion of this documents/authorization that I shall be responsible for the financial charges pursuant to the completion of the requirements for these institution(s). Part of the consideration for this authorization is the granting of my sabbatical leave. **This authorization shall not be revoked by me for any reason whatsoever.**

I do hereby attest that a photocopy of this document shall serve as an original for the purpose of releasing information to the Board and its staff.

I, the undersigned applicant, do hereby agree to comply with all provisions of Louisiana law and the policy and regulations of the Central Community School Board in regard to sabbatical leave.

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