

UNIVERSITY OF LOUISIANA SYSTEM REQUEST FOR LEAVE OF ABSENCE AND SABBATICAL AGREEMENT

INSTITUTION: _____

NAME OF EMPLOYEE: _____ SOCIAL SECURITY NO. _____

TITLE: _____ DEPARTMENT: _____

HIGHEST DEGREE: _____ BIRTHDAY: Month _____ Day _____ Year _____ Age: _____

NUMBER OF CONSECUTIVE FISCAL YEARS ACTIVE SERVICE IN LOUISIANA: _____

NUMBER OF SEMESTERS OF ACTIVE SERVICE AT THIS INSTITUTION: _____

PURPOSE OF LEAVE REQUESTED (Check one):

- a. Professional or Cultural Improvement _____
- b. Rest & Recuperation _____ (Statements from two physicians must be attached)
- c. Military _____
- d. Other (Specify) _____

TYPE OF LEAVE REQUESTED (Check One):

- a. With Pay _____ Amount \$ _____
- b. Without Pay _____

LENGTH OF LEAVE REQUESTED (Number of weeks): _____

EFFECTIVE DATES OF LEAVE: Beginning _____ Ending _____

MANNER IN WHICH THIS LEAVE, IF GRANTED, WILL BE SPENT: _____

I have reviewed the RULES [Bylaws, and Policies and Procedures] of the UNIVERSITY OF LOUISIANA BOARD OF SUPERVISORS, at Chapter III, Section V, pertaining to Leaves of Absence and hereby agree to comply with the provisions enumerated therein.

Date of Application

Signature of Applicant

PRIOR LEAVE RECORD FROM THIS INSTITUTION (To be certified by the institution):

Date of Last Leave: _____ Length of Last Leave: _____

Type of Last Leave: With Pay _____ Amount \$ _____ Without Pay _____

APPROVAL BY HEAD OF DEPARTMENT:

Date Approved _____ Signature _____ Department _____

Department Head must include a letter of recommendation with this application when it is forwarded to the appropriate Dean and Vice President.

APPROVAL BY DEAN AND VICE PRESIDENT:

Signature: _____ Signature: _____

Dean of _____ Vice President for _____

Date: _____ Date: _____

APPROVAL BY THE HEAD OF THIS INSTITUTION:

Date Approved

Signature

APPROVAL BY THE UNIVERSITY OF LOUISIANA SYSTEM:

Date Approved

Signature of the President

**UNIVERSITY OF LOUISIANA SYSTEM
REQUEST FOR LEAVE OF ABSENCE
AND SABBATICAL AGREEMENT**

(Instructions: Please indicate with a check mark the pay status of your leave, answer any questions pertaining to your status, and sign your name along with the date.)

I. OFFICIAL SABBATICAL LEAVE WITH FRACTIONAL PAY (75% of present salary) _____

During a period of official leave with fractional pay, a higher percentage of retirement withholding will be assessed against your fractional pay (i.e., you will be assessed as if you were earning 100 percent of your present salary) to allow for full retirement credit during the official leave period. The institution will pay full employer's share (University of Louisiana System Board of Trustee Policies and Procedures Manual at Chapter III, Section V).

The leave pay shall be distributed over the entire period of that leave.

In accepting this leave of absence with pay, I understand that I assume a legal obligation, as listed in Acts 1991, 858 (R.S. 17:3328) to return to this institution for at least one year of further service. Failure to return the semester immediately following the sabbatical will result in repayment of all sabbatical leave pay received, unless otherwise determined by the Board.

II. OFFICIAL LEAVE WITHOUT PAY _____

During a period of official leave without pay, under the present law, you cannot make contributions of your share and/or the employer's share of the salary you would have been paid by the institution during that period of leave.

In order to purchase this time, you must consult with your respective Retirement System.

OTHER PROVISIONS

I am aware of the prohibition against dual appointments or dual employment as described in LSA-R.S. 42:63. This statute provides that no person holding an elective office, appointive office, or employment in any of the branches of state government or of a political subdivision thereof shall at the same time hold another elective office, appointive office, or employment in the government of a foreign country, in the government of the United States, or in the government of another state.

I fully understand the above statements.

Date

Signature, Applicant for Leave

APPROVED: _____
Date

President

Institution