# ULS-LOA UNIVERSITY OF LOUISIANA SYS

# (11/96) 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 FISC	CAL YEARS ACTIVE SERVICE IN	LOUISIANA:		
NUMBER OF SEMESTERS OF ACT	TIVE SERVICE AT THIS INSTITU	TION:		
PURPOSE OF LEAVE REQUESTED	) (Check one):			
a. Professional or Cultural Impr				
_	(Statements from two physician	ns must be attached.)		
c. Military				
d. Other (Specify)				
TYPE OF LEAVE REQUESTED (Cha. With Pay Amount \$				
LENGTH OF LEAVE REQUESTED		<del></del>		
EFFECTIVE DATES OF LEAVE: B		าช		
MANNER IN WHICH THIS LEAVE				_
SUPERVISORS, at Chapter III, Section enumerated therein.	tws, and Policies and Procedures of on V, pertaining to Leaves of Absence			
Date of Application		Signature of Applic		
2 w 01 1 pp 10 w 10 11		21 <b>81111111</b> 01111pp111		
PRIOR LEAVE RECORD FROM	THIS INSTITUTION (To be certif	ied by the institution	):	
Date of Last Leave:	Length of Las	st Leave:		
Type of Last Leave: With Pay				
APPROVAL BY HEAD OF DEPA	RTMENT:			
Data Ammanad	Cionatura	Domontusou	.1	
Date Approved Department Head must include a lette				mriata Daan and
Vice President.	for recommendation with this applic	ation when it is forwa	rded to the appro	priate Dean and
APPROVAL BY DEAN AND VICE	E PRESIDENT:			
Signature:	Signature:			
Dean of		ent for		
Date:	Date:			
APPROVAL BY THE HEAD OF T				
Date Approved	Signature			
APPROVAL BY THE UNIVERSIT	Y OF LOUISIANA SYSTEM:			
Date Approved	Signature c	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 <u>full</u> retirement credit during the official leave period. The institution will pay <u>full</u> employer's share (University of Louisiana System Board of Trustee <u>Policies and Procedures Manual</u> 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 sta	atements.		
Date			Signature, Applicant for Leave
APPROVED: President	Institution	Date	