

LAFAYETTE PARISH SCHOOL SYSTEM  
REQUEST FOR LEAVE WITHOUT PAY  
(NON-MEDICAL)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

School or department: \_\_\_\_\_ Position: \_\_\_\_\_

Home address: \_\_\_\_\_

Check off the type of leave you are requesting

- Leave for professional development  
An employee may request leave without pay for professional study when the employee is not eligible for a sabbatical leave.  
University in which you are enrolled: \_\_\_\_\_

Please attach a copy of your registration showing the courses in which you are enrolled or a pre-registration schedule of courses, showing the course titles and number of credit hours.

Describe how your professional development opportunity will benefit the educational program of the Lafayette Parish School System:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Leave to run for public office  
Office for which you are running: \_\_\_\_\_  
Election date: \_\_\_\_\_

Dates you are requesting to be on leave: from \_\_\_\_\_ to \_\_\_\_\_

*I agree that I will return to the employ of the Lafayette Parish School System on*

\_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave recommended

Leave denied. Reason: \_\_\_\_\_

Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board action on \_\_\_\_\_ Employee notified on \_\_\_\_\_