

**LAFAYETTE PARISH SCHOOL SYSTEM**  
P. O. Box 2158, Lafayette, LA 70502-2158

**MILITARY LEAVE FORM**

(Please print or type.)

1. NAME \_\_\_\_\_ SSN \_\_\_\_\_
2. ADDRESS \_\_\_\_\_  
\_\_\_\_\_
3. SCHOOL or DEPARTMENT \_\_\_\_\_
4. POSITION \_\_\_\_\_
5. TYPE OF MILITARY LEAVE (Explain in detail): \_\_\_\_\_  
\_\_\_\_\_
6. DATE and TIME YOU MUST REPORT: \_\_\_\_\_
7. DATE YOU WILL RETURN FROM LEAVE: \_\_\_\_\_
8. DO YOU PARTICIPATE IN PIP? \_\_\_\_\_ *Employees enrolled in PIP will not receive a PIP check during the time spent on military leave.*

*We shall issue a paycheck to you for all salary and/or wages earned as of your last day worked. You shall be placed on leave without pay during the time you are on military leave. Military leave shall not affect the tenure rights of certified teachers. Upon your return from military leave, you shall be reinstated to active employment.*

***Please attach a copy of your orders to active duty or training.***

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