



CAMERON PARISH SCHOOL SYSTEM

Preparing the future of Cameron Parish, one student at a time.

510 Marshall Street, Cameron, Louisiana 70631-4701

www.camsch.org

APPLICATION FOR LEAVE WITHOUT PAY

Name: _____ Employee ID#: _____

Address: _____ Phone#: _____

Work Location: _____ Assignment: _____

Period for which leave is requested:

Beginning Date: _____ Ending Date: _____

Reasons for which a leave without pay may be granted:

Check One below:

_____ Child Care

_____ Personal Illness

_____ Family Illness

_____ Death in the Immediate Family

_____ Educational Development

_____ Cultural Development

_____ Community or Professional Service

_____ Personal

<p>USE THIS SPACE TO EXPLAIN YOUR REASON FOR A LEAVE WITHOUT PAY</p>

GUIDELINES:

1. Your explanation for the above reasons must accompany your request. Additional information may be required.
2. Leave without pay shall not be granted in order to work in another school system or to be employed full time.
3. The Superintendent must approve early return from leave without pay.

I _____ do hereby understand and shall abide by the provisions stated above. I also understand that in the event that I fail to comply with the provisions stated under the guidelines above that my leave without pay shall be terminated.

Signature

Date

PLEASE CONTACT THE PAYROLL/INSURANCE DEPARTMENT TO DISCUSS ANY POSSIBLE BENEFIT CHANGES.

Submit original form to Superintendent