

# CAMERON PARISH SCHOOL BOARD

510 Marshall St.  
CAMERON, LOUISIANA 70631  
PHONE 337-775-5784  
FAX 337-775-5572

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

Cameron Parish School Board  
510 Marshall St.  
Cameron, LA 70631

Dear Superintendent:

Please consider the following:

- Request for payment – 25 days accumulated sick leave.**  
(Upon entering drop or retirement)
- Sabbatical Leave** (Application attached)
- Professional and Cultural Improvement Leave** (Application attached)
- Extended Sick Leave** (Medical Documentation attached)
- Leave without Pay** (Application attached)
- Resignation** (Form attached)

Your prompt attention in the above request/s would be greatly appreciated.

Sincerely,

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

**Submit Original Form to Superintendent**