

**CADDO PARISH SCHOOL BOARD**

**REQUEST FOR EXTENDED SICK LEAVE**

Beginning with the 1999-2000 school year, teachers and school bus drivers will be allowed up to 90 days of non-cumulative sick leave during each six year period of employment. These days may be used for personal illness or illness of an immediate family member and are in addition to the 12 sick leave days allocated each year and those unused sick leave days the employee has accumulated. To receive approval for use of extended sick leave days the employee must: (1) expend all current and accumulated sick leave days prior to receiving extended sick leave; and (2) provide a statement from a licensed physician certifying the leave is medically necessary for the employee or the illness of the immediate family member is serious and requires the presence of the employee. Examination by a Board selected physician may also be required prior to approval.

**EMPLOYEE NAME** \_\_\_\_\_ **SS#** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ESTIMATED EXTENDED SICK LEAVE AVAILABLE** \_\_\_\_\_

**DATES TO USE EXTENDED SICK LEAVE: BEGINS** \_\_\_\_\_ **ENDS** \_\_\_\_\_

**REASON FOR REQUEST OF EXTENDED SICK LEAVE:**

**PERSONAL ILLNESS (Give Brief Explanation)** \_\_\_\_\_

**ILLNESS OF IMMEDIATE FAMILY MEMBER (State Relationship and Provide Brief Explanation)** \_\_\_\_\_

A teacher or bus driver may engage in additional part-time gainful employment while on extended sick leave, only if all conditions and limitations set forth in Caddo Parish School Board Policies GCBD/B and GDBD are met.

Will you be so employed while on extended sick leave? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Does the physician who certified the medical necessity for this extended sick leave indicate that such part-time work will not impair the purpose for which the extended sick leave is required? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**PHYSICIAN'S NAME** \_\_\_\_\_ **PHONE # ( )** \_\_\_\_\_

**PHYSICIAN'S STATEMENT ATTACHED:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**APPROVED SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

Copies to:            Employee            Payroll            Human Resources Office

**OFFICE OF CERTIFIED PERSONNEL**  
**CADDO PARISH SCHOOL BOARD**  
Request for Extended Sick Leave – Medical Certification

\*\*\*USE THIS FORM IF AN ***IMMEDIATE FAMILY MEMBER*** IS THE PATIENT\*\*\*

**TO BE COMPLETED BY EMPLOYEE**

EMPLOYEE NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

ESTIMATED SICK DAYS AVAILABLE: \_\_\_\_\_ BEGIN: \_\_\_\_\_ END: \_\_\_\_\_

ESTIMATED NUMBER OF DAYS REQUESTED TO USE EXTENDED SICK LEAVE: \_\_\_\_\_  
BEGIN: \_\_\_\_\_ END: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Please state the condition which incapacitates the employee's immediate family member.

As a licensed physician, please state **HOW** the presence of the employee is required or the recovery of the employee's immediate family member.

Describe the regimen of treatment to be prescribed indicating the number of visits, general nature and duration of treatment to include referrals to other health care providers.

Is the illness of the immediate family member serious enough to require the presence of the employee?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If YES, please indicate the required dates.

BEGIN: \_\_\_\_\_ END: \_\_\_\_\_

**ORIGINAL SIGNATURES**

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

**INSTRUCTIONS FOR LICENSED PHYSICIAN**

*Return this completed and signed Medical Certification directly to:*

**Caddo Parish Schools**  
**Office of Certified Personnel**  
**P.O. Box 32000**  
**Shreveport, LA 71130-2000**

**or fax directly to:**

**(318) 603-7009**