

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

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME: _____ SS#: _____
SCHOOL: _____ DATE: _____
ESTIMATED SICK DAYS AVAILABLE: _____ BEGIN: _____ END: _____
ESTIMATED NUMBER OF DAYS REQUESTED TO USE EXTENDED SICK LEAVE: _____

TO BE COMPLETED BY LICENSED PHYSICIAN *(EMPLOYEE IS THE PATIENT)*

Please state the condition which keeps the employee from performing the essential function of his/her job description.

As a licensed physician, please state **HOW** this condition limits the employee from performing the essential function of his/her job description.

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 it **medically necessary** for the employee to be absent from work? YES: _____ NO: _____

If YES, please indicate the required dates

BEGIN: _____ END: _____

COMMENTS: _____

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, Louisiana 71130-2000

or fax directly to:

(318) 603-7009