EAST BATON ROUGE PARISH SCHOOL SYSTEM
OFFICE OF HUMAN RESOURCES
APPLICATION FOR SICK/EXTENDED SICK LEAVE

NAME _____ **EMP#** _____

ADDRESS _____ **CURRENT PHONE** _____

POSITION _____ **LOCATION** _____

IS THIS INJURY/ILLNESS DUE TO A WORK-RELATED INJURY? YES ___ NO ___

ARE YOU A MEMBER OF THE LA SCHOOL EMPLOYEES RETIREMENT SYSTEM? _____. IF SO, WOULD YOU LIKE RETIREMENT TAKEN ON 65% OF YOUR SALARY _____ OR 100% OF YOUR SALARY _____?

Per L.R.S. 17:47(D); 17:500; 17:1202: 17:1206.2 and 14:125, each employee shall be permitted to take up to ninety days of accumulated sick leave in each six-year period of employment. This leave may be used for personal illness or illness of an immediate family member. Each instance of illness must be substantiated with a physician's statement certifying that the leave is medically necessary for the employee, or that his/her immediate family member's illness is serious and requires the presence of the employee. Granting extended sick leave will reduce your daily rate of pay. You will be paid 65% of the salary paid to you at the time your extended sick leave begins. It is the employee's responsibility to provide a physician's sworn statement before the extension of such leave. Such statements must contain the original physician's signature, and facsimiles can only be sent from the Doctor.

THE FOLLOWING MEDICAL CERTIFICATION FORM MUST BE ATTACHED AND COMPLETELY FILLED OUT BY THE ATTENDING PHYSICIAN

EMPLOYEE AS PATIENT OR,
IMMEDIATE FAMILY MEMBER AS PATIENT

I have read the attached Extended Sick Leave Policy and understand the conditions set forth therein.

_____ _____
SIGNATURE OF EMPLOYEE DATE

_____ _____
BEGINNING DATE OF LEAVE **ENDING DATE OF LEAVE**

My signature below indicates that I am aware of this request.

_____ _____
PRINCIPAL OR SUPERVISOR **DATE**

APPROVED:

_____ _____
Chief Officer for Human Resources **DATE**

The East Baton Rouge Parish School System and all of its entities (including Career and Technical Education Programs) does not discriminate on the basis of age, race, religion, national origin, disability or gender in its educational programs and activities (including employment and application for employment), and it is prohibited from discriminating on the basis of gender by Title IX (20 USC 168) and on the basis of disability by Section 504 (42 USC 794). The Title IX Coordinator is Andrew Davis (ADavis6@ebrschools.org), Director of Risk Management - phone (225)929-8705. The Section 504 Coordinator is Elizabeth Taylor Chapman, Director of Exceptional Student Services (ETaylor@ebrschools.org) – phone (225)929-8600.

East Baton Rouge Parish School System Sick/Extended Sick Leave Policy

(In keeping with L.R.S. 17:47 (D); 17:500; 17:1202; 17:1206.2 and 14:125)

In the case an employee's extended illness, after all current and accumulated time is used, the employee may request of the Interim Executive Director for Human Resources to be placed on extended sick leave. Requests for leave must be accompanied by the Medical Certification Form. Each employee shall be permitted to take up to ninety-days (90) of extended sick leave in each six-year period of employment which may be used for personal illness or illness of an immediate family member (child, legal ward, spouse, or parent). Unused days during any six-year period of employment shall not accumulate or carry forward into the next six-year period. The balance of days of extended sick leave available to an employee shall transfer with such employee from one public school employer to another without loss of days and without restoration of days. Interruptions of service between periods of employment with a public school employer shall not be included in any calculation of a six-year period such that any employment with any public school employer, regardless of when it occurs, shall be included in any determination of the balance of days of extended sick leave available to an employee. Persons on extended sick leave shall be paid sixty-five percent of the salary paid to them at the time the extended sick leave begins. No employee may undertake additional gainful employment while on extended sick leave, unless he/she can demonstrate that he/she will be working not more than twenty hours a week in a part-time job that he/she has been working for not less than one hundred and twenty days prior to the beginning of any period of extended sick leave. The physician who certified the medical necessity of the leave indicates that such part-time work does not impair the purpose for which the extended sick leave is required. Any violation of this prohibition may require the employee to return to the employer all compensation paid during any week of extended sick leave. On every occasion when an employee uses extended sick leave, a statement from a licensed physician must be submitted certifying that the leave is medically necessary for the employee, or that his immediate family member's illness is serious and requires the presence of the employee. This statement shall be presented before the extension of such leave. The Board has the right to request a second opinion and will pay all costs of the examination. If there is still disagreement, the Board may require the employee to be examined by a third licensed appropriate physician. The third physician shall be selected according to procedures established by the Medical Sabbatical Leave law. All costs will be paid by the East Baton Rouge Parish School System. The opinion of the third physician shall be determinative of the issue. The opinion of all physicians shall be submitted to the Board in the form of a sworn statement that shall be subject to the provisions of R.S.14:125.

EXCERPT FROM – EBR FILE: GBRIB

An employee who is absent for six (6) or more consecutive days shall be required to present a certificate from a physician certifying such absence upon return to work. In the case of repeated absences of less than six (6) days because of illness, the Board reserves the right to require verification of illness.

Excuses for employee absences due to illness or injury must be provided on physician's letterhead containing the physician's name, address, and telephone number, typed, printed or as part of the letterhead. The physician's typed or neatly printed name should also appear beneath his/her signature. The letter must clearly state the reason for the disability, date of the disability, and the anticipated return-to-work date.

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REVISED 08/03/16

OFFICE OF HUMAN RESOURCES
East Baton Rouge Parish School System
Request for Sick Leave and/or Extended Sick Leave
MEDICAL CERTIFICATION FORM – Employee as Patient

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME: _____ EMP # _____

SCHOOL: _____ DATE: _____

TO BE COMPLETED BY LICENSED PHYSICIAN (ALL THREE STATEMENTS MUST BE COMPLETED FOR APPROVAL.) FACSIMILE ONLY ACCEPTED FROM DOCTOR'S OFFICE. NO ALTERATIONS TO DATES OR STATEMENTS WILL BE ACCEPTED,

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

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

3. 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: _____

*BEGINNING DATE: _____ *ENDING DATE: _____

*Beginning date should be 1st day of leave and the ending date should be the last day of leave. (This form will not be processed without a beginning and ending date.)

ANY ADDITIONAL COMMENTS: _____

ORIGINAL SIGNATURES ONLY

EMPLOYEE'S SIGNATURE: _____ DATE: _____

I HEREBY SIGN THE SWORN STATEMENT THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, SUBJECT TO THE PROVISIONS OF LOUISIANA REVISED STATUTE 14:125.

PHYSICIAN'S NAME: (print) _____ PHONE NUMBER: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS COMPLETED AND SIGNED MEDICAL CERTIFICATE TO:
EBR Parish School System
Office of Human Resources
P O Box 2950
Baton Rouge, LA 70821-2950
Fax # 225-922-5688 (Doctor's use only)

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OFFICE OF HUMAN RESOURCES
East Baton Rouge Parish School System
Request for Sick Leave and/or Extended Sick Leave
MEDICAL CERTIFICATION FORM – Immediate Family Member as Patient

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME: _____ EMP # _____

FAMILY MEMBER NAME: _____ RELATIONSHIP: _____

SCHOOL: _____ DATE: _____

TO BE COMPLETED BY LICENSED PHYSICIAN (ALL THREE STATEMENTS MUST BE COMPLETED FOR APPROVAL.) FACSIMILE ONLY ACCEPTED FROM DOCTOR'S OFFICE. NO ALTERATIONS TO DATES OR STATEMENTS WILL BE ACCEPTED.

1. **Please state the condition which requires the patient to be assisted by our EMPLOYEE.**

2. **As a licensed physician, please state how and/or why the EMPLOYEE must assist the patient.**

3. **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 our EMPLOYEE to assist the patient? YES: _____ NO: _____

***BEGINNING DATE: _____ *ENDING DATE: _____**

***Beginning date should be 1st day of leave and the ending date should be the last day of leave. (This form will not be processed without a beginning and ending date.)**

ANY ADDITIONAL COMMENTS: _____

ORIGINAL SIGNATURES ONLY

EMPLOYEE'S SIGNATURE: _____ DATE: _____

I HEREBY SIGN THE SWORN STATEMENT THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, SUBJECT TO THE PROVISIONS OF LOUISIANA REVISED STATUTE 14:125.

PHYSICIAN'S NAME: (print) _____ PHONE NUMBER: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS COMPLETED AND SIGNED MEDICAL CERTIFICATE TO:

EBR Parish School System
Office of Human Resources
P O Box 2950
Baton Rouge, LA 70821-2950
Fax : 225-922-5688 (Doctor's use only)

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