

BOGALUSA CITY SCHOOL SYSTEM

EXTENDED SICK LEAVE COVER SHEET AND INSTRUCTIONS

DIRECTIONS:

- 1) Complete the Leave Request Form
- 2) Have the sworn Physician's Statement completed by your physician
- 3) Return completed packet and necessary forms (pages 3 and 4) attached to the Leave Request Form to your site level Principal/Supervisor
- 4) The original stays on file with the Human Resources office and a copy will be mailed to you

EXTENDED SICK LEAVE POLICY FOR TEACHERS (L.R.S 17:1202) AND EMPLOYEES (L.R.S. 17:1206.2)

Every parish and city school board shall permit each teacher and employee to take up to ninety (90) days of extended sick leave in each six (6) year period of employment which may be used for personal illness or illness of an immediate family member in the following manner, provided at any time the teacher or employee has no remaining sick leave balance.

The following terms shall have the following meanings:

- **CHILD** is defined as a biological son or daughter, an adopted son or daughter, a foster son or daughter, a stepson or step daughter, or a legal ward of a teacher or an employee standing in *loco parentis* to that ward who is either under the age of eighteen (18) but under the age of twenty-four (24) years of age and is a full-time student, or who is nineteen (19) years of age or older and incapable of self-care because of a mental or physical disability.
- **IMMEDIATE FAMILY MEMBER** is defined as a spouse, parent, or child of a teacher or a school employee.
- **PARENT** is defined as the biological parent of a teacher, an employee, or an individual who stood in *loco parentis* to the teacher or the employee.
- Unused days during any six (6) year period of employment shall not cumulate or carry forward into the next six (6) year period of employment. The balance of days of extended leave available to a teacher or employee shall transfer with such teacher or 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 (6) 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 a teacher or employee.
- Any teacher or employee on extended sick leave shall be paid sixty-five percent (65%) of the salary to him/her at the time the extended sick leave begins.
- No teacher or employee may undertake additional gainful employment while on extended leave, unless ALL of the following conditions are met:
 - (A) The teacher or employee can demonstrate that he/she will be working not more than twenty (20) hours a week in a part-time job that he/she has been working for not less than one hundred twenty (120) days prior to the beginning of any period of extended sick leave.
 - (B) The physician who certifies the medical necessity of the leave indicates that such part-time work does not impair the purpose for which the extended leave is required.

Any violation of this prohibition may require the teacher or employee to return to the employer all compensation paid during any week of extended leave in which the teacher or employee worked more than twenty (20) hours and to reimburse the employer all related employment costs attributable to such period as calculated by the employer, without restoration of such days.

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EXTENDED SICK LEAVE **COVER SHEET AND INSTRUCTIONS - CONTINUED**

- On **every occasion** when a teacher or employee uses extended sick leave, a statement from a licensed physician certifying that the leave is medically necessary for the teacher or the employee, or the immediate family member's illness is serious and requires the presence of the teacher or employee shall be presented prior to the extension of such leave. The physician's statement required by this Paragraph may be presented and the extended sick leave may be requested subsequent to the teacher's return to service. In such a case, the extended sick leave shall be granted for all days for which such leave is requested and the required documentation is presented provided the leave requested and the required documentation is presented within three (3) days after the teacher returns to service. **This statement must be presented to the Principal/Supervisor within three (3) days of returning to work or the employee will be docked 100% of their daily pay for each day of work missed.**

If the Board, upon review of the application, questions the validity or accuracy of the certification, the employer may require the teacher, the employee, or the immediate family member, as a condition for continued extended leave, to be examined by a licensed physician selected by the employer. In such a case, the employer shall pay all costs of the examination and any test determined to be necessary.

If the physician selected by the employer finds medical necessity the leave shall be granted. If the physician selected by the Board disagrees with the certification of the physician selected by the teacher, the employee, or the immediate family member, then the employer may require the teacher, the employee, or the immediate family member, as a condition of continued extension of sick leave, to be examined by a third licensed appropriate physician whose name appears next in the rotation of physicians on a list established by the local medical society for such purpose and maintained by the Board. All costs of an examination and any required tests by a third doctor shall be paid by the Board. The opinion of the third physician shall be determinative of the issue.

The opinion of all physicians consulted as provided above shall be submitted to the Board in the form of a sworn statement which shall be subject to the provisions of L.R.S. 14:125.

All information contained in any statement from a physician shall be confidential and not subject to the public records law.

BOGALUSA CITY SCHOOL SYSTEM

APPLICATION FOR EXTENDED SICK LEAVE

(PRINT IN INK OR TYPE ALL INFORMATION)

The undersigned, _____, whose
(First Name) (Middle Name) (Last Name)

Employee ID Number is: _____, and is presently employed at _____
(School Site/Site Location)

as a/an/the _____, does hereby make an application for
(Position, Subject, Grade, Job Title)

Extended Sick Leave beginning _____ and will return to work on
(Effective Date)

(Return To Work Date)

Employee's home telephone number: _____

Employee's alternate phone number: _____

THIS APPLICATION AND THE SWORN PHYSICIAN'S STATEMENT ON THE BACK OF THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY BY YOU AND YOUR PHYSICIAN AND ATTACHED TO THE LEAVE REQUEST FORM.

I, the undersigned applicant, do hereby acknowledge that while on extended sick leave I will be paid a salary equal to sixty-five percent (65%) of the salary that I currently earn during my employment with the Bogalusa City School System. I hereby affirm that I will comply with all policies and regulations of the Bogalusa City School System and the laws of the State of Louisiana regarding extended sick leave.

As a condition of this extended sick leave, I, the undersigned applicant, do hereby agree to return to service in the Bogalusa City School System immediately at the expiration of the extended sick leave period herein requested, and prior to returning to work, will furnish a certified statement from my physician which releases me to return to work. Failure to furnish this note within **three (3) school days** of returning to work will result in my being docked 100% of my salary for each day missed.

I further acknowledge that I am prohibited during the period of this extended sick leave to be employed gainfully for more than twenty (20) hours per week. If less than twenty hours per week, any such work must meet all of the requirements of the extended sick leave policy and must have been approved by the Bogalusa City School Board.

I also understand that after I use all of my accumulated sick leave I will begin using the ninety (90) extended sick leave days I am allowed in a six-year period. I further affirm that all statements and representations made herein are true, accurate, and correct to the best of my knowledge and belief.

Applicant's Signature: _____ Date Form was Completed: _____

Principal/Supervisor Signature: _____ Date Signed: _____

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1705 Sullivan Drive
Bogalusa, LA 70427

PHYSICIAN'S STATEMENT AS REQUIRED BY L.R.S. 1201 (A) (2) and L.R.S. 1202 (E) et. seq.

The information contained in this document is exempt from the public records laws of the State of Louisiana

Please print in ink or type all information.

Name of Employee: _____ Signature of Employee: _____

Is the Employee the Patient? YES NO

If the answer is "NO," then the person receiving treatment by the physician is the employee's:

CHILD IMMEDIATE FAMILY MEMBER PARENT

Exact period of leave: _____ Date Began: _____ Date to Return to Work: _____

Name and address of treating physician: _____

Physician's phone number: _____ Physician's fax number: _____

Please complete the following request for information by checking the box marked YES or NO and providing a brief response when appropriate:

1) Have you examined and/or treated this patient during the past two years? YES NO

2) Current diagnosis (not ICD9 code): _____

3) Based on your current diagnosis:

(A) Would this condition normally cause the patient to be hospitalized? YES NO

(B) Is recuperation from the effects of the condition possible? YES NO

(C) Does this condition reduce the patient's capabilities in the following areas?

- Vision YES NO
- Hearing YES NO
- Speech YES NO
- Motion YES NO

(D) Does this condition prohibit the patient from conducting normal cognitive processes? YES NO

(E) Would this condition prohibit the patient from conducting the duties normally associated with the employee's current job with the Bogalusa City School System YES NO

- If "YES," then estimate the amount of time from the date of the diagnosis, that the employee would be able to perform the duties of his/her job description: _____

(F) Based on your diagnosis, could this patient be gainfully employed in any other job or occupation on a part-time basis (20 hours a week or less) during the period of this extended sick leave? YES NO

I, the undersigned, hereby affirm that I am the physician licensed under the laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further certify under penalty of criminal prosecution [L.R.S.14:125] that I have examined the herein named patient/applicant for extended sick leave, and have found that the medical condition stated above makes the leave applied for herein medically necessary.

Signature of the Physician (ORIGINAL SIGNATURE ONLY)

Date Signed

Principal/Supervisor Signature:

Date Signed

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