

ST. TAMMANY PARISH SCHOOL BOARD **APPLICATION FOR USE OF EXTENDED** **SICK LEAVE FOR ALL EMPLOYEES**

THE EXTENDED SICK LEAVE FORMS ARE ONLY TO BE USED WHEN AN EMPLOYEE HAS USED ALL REGULAR SICK DAYS AND WILL BE ABSENT FOR AN EXTENDED PERIOD OF TIME (MORE THAN FIVE (5) CONSECUTIVE DAYS). CALL THE DEPARTMENT OF HUMAN RESOURCES OR SEE YOUR PRINCIPAL/SUPERVISOR WITH ANY QUESTIONS.

Contained within this packet is the information necessary to apply for an Extended Sick Leave. Please note that the Physician's Statement is a required form. This form must be completed in its entirety by your physician and attached to the application for Extended Sick Leave form or mailed to our office by the physician.

Complete the Extended Sick Leave application form:

- 1.) Retain a copy for your records
- 2.) Give a copy to your principal/supervisor
- 3.) The **original** copy is to be mailed or brought to the Department of Human Resources of the St. Tammany Parish School Board with the Physician's Statement attached.

PLEASE MAIL OR DELIVER THESE FORMS TO:

Mr. Peter J. Jabbia
Assistant Superintendent of Human Resources
St. Tammany Parish School Board
321 N. Theard Street – P.O. Box 940
Covington, LA 70434-0940
Phone: (985)898-3254
Fax: (985)898-3205

ST. TAMMANY PARISH SCHOOL BOARD
EXTENDED SICK LEAVE POLICY FOR ALL EMPLOYEES

Every parish and city school board shall permit ALL EMPLOYEES to take up to ninety days 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 in the following manner, provided at any time that the employee has no remaining regular sick leave balance.

- The following terms shall have the following meanings:

Child -- means a biological son or daughter, an adopted son or daughter, a foster son or daughter, a stepson or daughter, or a legal ward of an employee standing in *loco parentis* to that ward who is either under the age of eighteen, or who is eighteen years of age but under twenty-four years of age and is a full-time student, or who is nineteen years of age or older and incapable of self-care because of a mental or physical disability.

Immediate family member -- means a spouse, parent, or child of an employee.

Parent -- means the biological parent of the employee, or an individual who stood in *loco parentis* to the employee.

- Unused days during any six-year period of employment shall not cumulate or carry forward into the next six-year period of employment.

The balance of days of extended 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 the employee.

- Any employee on extended sick leave shall be paid sixty-five percent of the salary paid to him/her at the time the extended sick leave begins.
- No employee may undertake additional gainful employment while on extended sick leave, unless all of the following conditions are met:

(a) The employee 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.

(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 employee to return to the employer all compensation paid during any week of extended leave in which the employee worked more than twenty hours and to reimburse the employer all related employment costs attributable to such period as calculated by the employer, without any restoration of such days.

- On **every occasion** when an employee uses extended sick leave, a statement from a licensed physician certifying that the leave is medically necessary for the employee, or that the immediate family member's illness is serious and requires the presence of the employee shall be presented prior to the extension of such leave. **This statement must be presented to the Principal/Supervisor within three 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 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 tests 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 public school employer disagrees with the certification of the physician selected by the employee, or the immediate family member, then the employer may require the employee, or the immediate family member, as a condition for 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 employer. 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 R.S. 14:125.

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

ST. TAMMANY PARISH SCHOOL BOARD
APPLICATION FOR EXTENDED SICK LEAVE
FOR ALL EMPLOYEES

The undersigned, _____,
(Print name) (Last) (First) (Middle)

(Print last four of Social Security Number only)

(Mailing Address, City, State, Zip Code)

presently employed as a/an/the _____
(Grade, Subject, Position)

at _____, does hereby make application for Extended
(School/Site Location)

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

Employee's home telephone number: _____

Employee's alternate phone number: _____

EXTENDED SICK LEAVE MEDICAL FORM MUST BE COMPLETED IN ITS ENTIRETY BY YOUR PHYSICIAN AND ATTACHED TO THIS FORM OR MAILED TO OUR OFFICE BY THE PHYSICIAN.

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 if I were employed by the St. Tammany Parish Public School System. I hereby affirm that I will comply with all policies and regulations of the St. Tammany Parish Public 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 St. Tammany Parish Public School System immediately at the expiration of the extended sick leave period herein requested, and prior to returning to work, will furnish a doctor's note which releases me to return to work. Failure to furnish this note within **three 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 (20) 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 Board of the St. Tammany Parish Public School System.

I also understand that after I use all my personal accumulated sick leave I will begin using the ninety 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 of Completion of this Form

Office Use Only-Do Not Write Below This Line

Approved By

Date of Approval

Denied By

Date of Denial

Original-Human Resources

Copy-School or Department

Copy-Employee

An Equal Opportunity Employer

Form: PD-25D (Revised: October 2008)

**ST. TAMMANY PARISH SCHOOL BOARD
EXTENDED SICK LEAVE MEDICAL FORM
FOR ALL EMPLOYEES**

THE INFORMATION CONTAINED IN THIS DOCUMENT IS
EXEMPT FROM THE PUBLIC RECORD LAWS OF THE STATE OF LOUISIANA
PLEASE PRINT OR TYPE

Name of patient: _____
(Last) (First) (Middle Initial)

Signature of patient: _____

If patient is not an employee, relationship of patient to employee: _____

Exact period for which leave is requested: _____

Name and address of physician: _____

Physician's telephone number: (_____) _____

Physician's fax number: (_____) _____

Please complete the following request for information by circling the **Yes** or **No** and providing a brief response if appropriate:

1. Have you examined and/or treated this patient during the past two years? **Yes** **No**

Attach a full explanation as to why the patient will need the time requested for Extended Sick Leave. The explanation must be on the physician's official letterhead and must be signed by the physician. *The patient's signature above gives permission to the Physician (or designee) to give any and all information necessary relative to granting an Extended Sick Leave request to a representative of the St. Tammany Parish School Board Department of Human Resources.**

2. Current diagnosis:

3. Based on your current diagnosis:

(1) Would this condition normally cause the patient to be hospitalized?
Yes **No**

(2) Is recuperation from the effects of the condition possible?
Yes **No**

(3) Does this condition reduce the patient's capabilities in the following areas?
(1) Vision **Yes** **No**
(2) Hearing **Yes** **No**
(3) Speech **Yes** **No**
(4) Motion **Yes** **No**

(4) Does this condition prohibit the patient from conducting normal cognitive processes?
Yes **No**

(5) Would this condition prohibit the patient from conducting the duties normally associated with the employee's current job with the St. Tammany Parish Public School System?
Yes **No**

If Yes, then estimate the amount of time [from the date of the diagnosis] that the employee would be unable to perform the duties of his/her job description:

(6) 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 a 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 [La. 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 Physician (ORIGINAL SIGNATURE ONLY)

Date Signed

**Mr. Peter J. Jabbia
Assistant Superintendent of Human Resources
St. Tammany Parish School Board
321 N. Theard Street – P.O. Box 940
Covington, LA 70434-0940**

An Equal Opportunity Employer