

**CADDO PARISH SCHOOLS  
REQUEST FOR EXTENDED SICK LEAVE**

In accordance with state law, teachers, school bus drivers, and other employees are allowed up to 90 days of noncumulative sick leave during each six-year period of employment. These days may be used for a medical necessity of the employee or of an employee's immediate family member and are in addition to the 12 sick leave days allocated each year and those unused sick 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 a medical necessity as a result of a catastrophic illness or injury, which means life threatening, chronic, or incapacitating condition of the employee or member of his/her immediate family. Request for extended sick leave and the required documentation from the licensed physician should be submitted prior to the extension of the leave; however, it may be presented subsequent to the employee's return to work provided that it is submitted within 3 days after the employee returns to service. **Note: A teacher may use up to 30 days of extended sick leave in each six-year period of employment for personal illness related to maternity leave.**

EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ID# OR SSN \_\_\_\_\_

SCHOOL \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_

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

DATES TO USE EXTENDED SICK DAYS: BEGINS \_\_\_\_\_ ENDS \_\_\_\_\_

REASON FOR REQUEST OF EXTENDED SICK LEAVE:

MEDICAL NECESSITY OF EMPLOYEE (Give brief explanation): \_\_\_\_\_

MEDICAL NECESSITY OF EMPLOYEE'S IMMEDIATE FAMILY MEMBER (State relationship and provide brief explanation):

An employee 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 Policy for Extended Sick Leave 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 required? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If YES, please have physician initial)

PHYSICIAN'S NAME (Please Print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S STATEMENT ATTACHED: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

(CPSS Human Resources Director)

DIVISION OF HUMAN RESOURCES  
CADDO PARISH SCHOOLS  
Request for Extended Sick Leave – Medical Certification

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

"Immediate Family Member" means spouse, parent, or child of a teacher.

**TO BE COMPLETED BY EMPLOYEE (Please Print)**

EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ID# OR SSN \_\_\_\_\_  
SCHOOL \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_  
PATIENT'S NAME: \_\_\_\_\_ RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_  
ESTIMATED NUMBER OF DAYS REQUESTED TO USE EXTENDED SICK LEAVE: \_\_\_\_\_

**TO BE COMPLETED BY LICENSED PHYSICIAN (Please Print)**

In accordance with state law, school employees may use extended sick leave days for a **medical necessity** of the employee's immediate family member that requires the employee to be absent. The statute defines a "medical necessity" as the result of a catastrophic illness or injury, which means a life threatening, chronic, or incapacitating condition.

Please describe the life threatening, chronic or incapacitating condition of the employee's immediate family member.

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

Does this illness/condition constitute a **medical necessity** that requires the employee to be absent from work?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the required dates: BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**ORIGINAL SIGNATURES**

PHYSICIAN'S NAME (Please Print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

**INSTRUCTIONS FOR LICENSED PHYSICIAN**

Return this completed and signed Medical Certification directly to:

Caddo Parish Schools  
Division of Human Resources  
P.O. Box 32000  
Shreveport, LA 71130-2000

or **FAX** directly to: **318-603-7009**