

CADDO PARISH SCHOOL BOARD
Certified/Classified-Human Resources
P.O. Box 32000 (1961 Midway Street)
Shreveport, LA 71130-2000 (71108)
(318)-603-6300

Request for Catastrophic Leave

In the event of catastrophic illness, and only after all current, accumulated and extended sick leave days have been used, an employee may request of the Caddo Parish School Board that he or she be placed on Catastrophic Illness Leave for a period **not to exceed thirty (30) days** in each six year period of employment. The request must be in writing and be accompanied by a written statement of a licensed physician certifying that the leave is medically necessary and that the illness or condition of the employee meets the definition of "catastrophic illness" which is defined as a life threatening, chronic, or incapacitating condition. Should the Board, upon review of the request, question the validity or accuracy of the medical certification, the Board may require the employee to be examined by a licensed physician selected by the Board and at the Board's expense to ensure such leave is medically justifiable. Pay while on Catastrophic Illness Leave shall be fifty percent (50%) of the salary being paid to the employee at the time Extended Sick Leave began.

Date _____ Telephone No. _____

Name _____ Social Security No. _____
(Please Print or Type)

Address _____
_____ Zip Code _____

School/Dept. _____ Position _____

Employment Date _____ Grade/Subject _____
(if applicable)

Period Requested for Leave _____
(provide exact beginning and ending dates)

Reason for Leave Request _____

Physician's Name _____

Physician's Statement Attached Yes No

Employee's Signature Date

Recommendation of Director of Certified/Classified Personnel: ___ Approve ___ Disapprove

If not approved, please state reason _____

Director's Signature Date

Chief Human Resource Officer Date

Superintendent's Signature Date

CADDO PARISH SCHOOL BOARD
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**Catastrophic Leave
Medical Certification**

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ SSN#: _____

School: _____ Date: _____

Number of Days requested to use Catastrophic Leave: _____ Begin: _____ End: _____

TO BE COMPLETED BY LICENSED PHYSICIAN

In accordance with state law, school employees may use catastrophic leave days for a **medical necessity** of the employee. 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 state the life threatening, chronic or incapacitating condition of the employee which prohibits 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 duties 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.

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: _____ Physician's Signature: _____
(please type or print)

Physician's Phone Number: _____

INSTRUCTIONS FOR LICENSED PHYSICIAN

Return this completed and signed Medical Certification directly to:

or fax directly to: (318) 603-7009-Certified Personnel
(318) 603-6559-Classified Personnel

Caddo Parish Schools
Certified/Classified Personnel
P.O. Box 32000
Shreveport, LA 71130-2000