

Monroe City Schools

Act 1342/SB 297

Information and Forms for

Medical Sabbatical Leave

Revised May 2012

Overview of Medical Sabbatical Leave

The Monroe City School Board shall grant sabbatical leave for the purpose of professional or cultural improvement or for medical leave to all teaching personnel in accordance with statutory provisions. *Teaching personnel* shall include any person employed by the Board who holds a valid teaching certificate issued by the Louisiana Board of Elementary and Secondary Education (BESE) and any social worker, guidance counselor, or school psychologist employed by the Board who holds, as applicable, a valid professional ancillary certificate in school social work, guidance counseling, or school psychology issued by the Louisiana Department of Education.

A teacher may make application for *medical sabbatical leave*, which shall be accompanied by a statement from a licensed physician certifying that the leave is medically necessary.

If the School Board, upon review of the application, questions the validity or accuracy of the certification, the Board may require the applicant, as a condition for continued consideration of the application, to be examined by a licensed physician selected by the Board. In such a case, the Board shall pay all costs of the examination and any tests determined to be necessary. If the physician selected by the Board finds a medical necessity, the leave application shall be granted.

If the physician selected by the Board disagrees with the certification of the physician selected by the applicant, then the Board may require the applicant, as a condition for continued consideration of the application, 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 School Board. All costs of an examination and any required tests by a third physician shall be paid by the Board. The opinion of the third physician shall decide the issue.

The opinion of all physicians consulted shall be submitted to the Board in the form of a *sworn statement*. All information contained in any statement from a physician shall be confidential and shall not be subject to the public records law.

ELIGIBILITY

Sabbatical leave may be granted on the ratio of two (2) semesters for twelve (12) or more consecutive semesters of active service within the employ of this Board or one (1) semester for six (6) or more consecutive semesters of such service.

At no time may more than five percent (5%) of the total number of teachers employed in a school system be on leave. Selection of employees among those who qualify for sabbatical leave must be based on years of continuous service and other criteria as specified by statute.

PROCEDURE FOR APPLICATION

Application for sabbatical leave shall be made on a form provided by the Human Resource Director. Applications shall be sent to the Superintendent by registered mail at least sixty (60) days preceding the beginning of the semester of the scholastic year for which leave is requested, with the following exception; if a teacher or other professional employee has become sick during a semester and requests medical sabbatical leave, it shall be sufficient to mail said application to the Superintendent thirty (30) days prior to the date upon which the requested leave is to commence whenever possible.

COMPENSATION

A teacher granted sabbatical leave shall be paid compensation at the rate of **sixty-five percent** (65%) of the person's salary at the time the sabbatical leave begins. A teacher on sabbatical leave with pay must continue his/her retirement contribution. Time spent on such leave is considered as active service for retirement purposes.

CONDITIONS OF MEDICAL SABBATICAL

Every person on *medical sabbatical leave* shall be prohibited from undertaking any gainful employment during such leave unless all of the following conditions are met:

- (1) The teacher 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 and twenty (120) days prior to the beginning of such leave.
- 2) The doctor certifying the medical necessity of the leave indicates that such part-time work does not impair the purpose for which the leave is granted.
- (3) The Board authorizes such part-time work.

Violation of the part-time work provisions shall result in the medical sabbatical leave being rescinded.

Name: _____

I, the undersigned applicant, do hereby acknowledge that, if this sabbatical leave is granted, I will be paid a salary equal to sixty-five percent (65%) of the salary [which is fixed at the inception of the sabbatical leave and will not change during the period of said sabbatical leave] that I would receive if I were employed full-time by the Monroe City Schools at the beginning of the period of this sabbatical leave. I hereby affirm that I will comply with all policies and regulations of the Monroe City School System and the laws of the State of Louisiana regarding sabbatical leave enumerated in Title 17 of the Louisiana Revised Statutes, as amended.

As a condition of this sabbatical leave and to be eligible for compensation during such leave, I, the undersigned applicant, do hereby agree to return to service in the Monroe City School System for one (1) semester for each semester of sabbatical medical leave which I may be granted herein, and that such service shall begin immediately at the expiration of the sabbatical medical leave period herein requested.

I further acknowledge that I am prohibited during the period of this sabbatical leave, if granted, to be employed gainfully for more than twenty (20) hours per week, and such work meets all of the requirements of Louisiana Revised Statute 17:1177, and has been approved by the Board of the Monroe City School System. I further acknowledge that I am prohibited by state law [La. R.S. 17:1177(C)] from being employed during the period of this sabbatical medical leave, if granted, by any public or non-public school system within the United States of America, its territories or possessions.

I further affirm that all statements and representations made herein are true, accurate and correct to the best of my knowledge and belief.

I do hereby grant permission and/or authority to the above named physicians to release statements of my medical health status, both physical and/or emotional, to the Monroe City School Board and the Board's administrative officers in order for them to determine/verify my eligibility for sabbatical leave; and, I understand by the completion of this document/authorization that I shall be responsible for the financial charges pursuant to the completion of the statements from my physicians. **This authorization shall not be revoked by me for any reason whatsoever.**

Further, I do hereby attest that a photocopy of this document shall serve as an original for the purpose of releasing medical information to be Board and its staff.

Applicant's Signature

Date of Completion of this Form

**A STATEMENT FROM A PHYSICIAN ATTESTING TO THE NEED FOR THE
SABBATICAL MEDICAL LEAVE MUST BE PROVIDED ON THE ATTACHED FORM
AND SENT DIRECTLY BY THE PHYSICIAN TO
THE MONROE CITY SCHOOL BOARD OFFICE**

Monroe City Schools
Human Resources

2006 Tower Drive
P.O. Box 4180
Monroe, LA 71211-4180

(318) 325-0601
FAX: 387-8384
phedra.brantley@mcschools.net

Authorization to Release Medical Information

Date

This is to authorize Dr. _____ to release all medical facts regarding my condition to the Monroe City Schools Human Resources Department. This information is required by LA Act 1341 to determine my eligibility for an extended leave.

This information should be mailed to the attention of Phedra Brantley and marked "Confidential".

Employee Signature: _____ Date: _____

This authorization will remain active for one year following the date of signature indicated above.

Monroe City Schools
 2006 Tower Drive
 P.O. Box 4180

Monroe, LA 71211-4180
 Phedra Brantley, Human Resources Director

**Sabbatical Medical Leave
 Physician's Statement as Required By
 Louisiana Revised Statute 17:1170 et.seq.**

The information contained in this document is exempt from the public record laws of the State of Louisiana and will be treated as confidential and kept in a separate file.

Name: _____ Date: _____

Exact period for which leave is requested: _____

1. Have you examined and/or treated this patient during the past two years? ____ Yes ____ No
2. The date you last examined or treated this patient: _____
3. Current diagnosis and date of said diagnosis: _____
3. The probable duration of the patient's condition: _____

4. Based on your current diagnosis:	Yes	No
Would this condition be considered within the parameters of a contagious or communicable disease?		
Would this condition normally cause the patient to be hospitalized?		
Is recuperation from the effects of this condition possible?		
Does this condition reduce the patient's capabilities in the following area? Vision Hearing Speech Motion	_____	_____
Does this condition prohibit the patient from conducting normal cognitive processes?		
Would this condition prohibit the patient from conducting the duties of a teacher?		
Based upon your examination and diagnosis, would part-time employment of the patient of twenty hours or less per week in any other job or occupation impair the purpose for which the sabbatical leave is required? If no, how many hours per week could the employee work? _____		

Please provide any additional information you feel pertinent in the School Board's decision process as to whether or not to grant the sabbatical medical leave request made by this patient using the reverse side of this form.

I, the undersigned physician hereby swear or affirm that I am a physician licensed under the laws of the State of Louisiana (or the State of _____). I further certify under penalty of criminal prosecution for false swearing 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 herein medically necessary for the time period set forth above.

Physician's Name and Address:

Telephone: _____

Physician's Signature:

NOTE: A signature stamp cannot be accepted. Must be physician's original signature. Neither nurses or nurse practitioners have the authority to sign this form.

This form must be mailed directly to the school board office at the above address

Date Signed: _____

Medical Release to Return to Work

NOT to be completed until the physician has released the employee to return to work.

To be completed by employee:

Name: _____

Social Security Number: _____

School/Department: _____

To be completed by physician:

This is to verify that the above named patient, under my care, will be medically able to return to work on _____.

Additional Comments: _____

Physician's Name and Address: Physician's Signature:

_____ Date: _____

To be completed by school principal or immediate supervisor:

This is to verify that the above named individual returned to full time work on:

Signature: _____ Date: _____

Submit the original of this form to the personnel office no later than two (2) days following the employee's return to work.