Monroe City Schools

Information and Forms for

Act 1341: Extended Sick Leave For Teachers and School Bus Operators

and

ACT: 457 Extended Sick Leave For All Other Full Time Employees

Requirements:

Full time employees can receive extended sick leave under this legislation if all of the following conditions are met:

1. The leave is necessary for illness of the employee or immediate family member.
2. The employee has NO remaining accumulated sick leave days at the effective date of the extended sick leave.
3. The employee provides a statement from a licensed physician verifying the medical necessity to cover **EVERY day** of the extended sick leave which must be attached to the form reporting their absence while on extended sick leave. **This statement must be submitted prior to the extended leave in order to obtain board approval if the leave is for more than 6 days. Or, if the leave was for less than six days, within three days of the employee's return to work.**
4. **ACT 788 stipulates that the use of extended sick leave may be used ONLY for medical necessity and only when the employee with absent for at least 10 consecutive days.**

Other conditions: If the superintendent agrees with the physician, the leave may be granted. If the school board disagrees, the employee must consult a physician selected and paid by the school board. If this physician agrees with the first physician, the leave may be granted. However, if the physician disagrees, a third physician from a rotating list is selected who will make the determination. The district also pays for the third examination.

Limitations:

This legislation provides for not more than 90 days extended sick leave in a six year period excluding interruptions in service. These limitations are cumulative between Louisiana public schools.

Rate of Pay:

If all conditions are met, the employee can receive 65% of their pay at the time the leave begins. If all conditions required for extended sick leave are not met, an employee cannot be granted extended sick leave, but may apply for other forms of leave available, including Family and Medical Leave, which is without pay.

Forms:

1. **Medical Certification Form:** This legislation is very specific regarding justifying the medical necessity when on extended sick leave. ***Therefore, the medical certification form in this packet is the only form that will be accepted by the school board to verify the medical necessity while on extended sick leave.***
2. **Return to Work Form:** This form is necessary only when the leave is long term. For

example-- following a recuperation period from surgery.

3. **Release for Medical Information Forms**: These forms allow your physician to send a medical statement to the school board justifying the medical leave.

Monroe City Schools

Request for the Use of
Extended Sick Leave under Acts 1341 and 457

This form is to be completed by the employee and attached to a completed medical certification form completed by a licensed physician. ***Forms signed by nurses or nurse practitioners will not be accepted.*** All requests for more than 10 days MUST be made prior to taking the leave unless extenuating circumstances occur.

Employee:_____ SSN:_____

School/Department:_____ Date(s) of Absence:_____
Specify if ½ day

Patient Name (if different from employee):_____

Relationship to employee:_____

Reason for Absence: (check one) _____ Personal Illness _____ Illness of immediate family member

Read carefully and sign:
According to the provisions of this legislation every single instance of illness must be substantiated with a physician's statement and will result in a dockage rate of 35% of your daily pay. ***Failure to provide the physician's statement immediately upon return to work if less than 10 days or prior to your absence from work if more than 10 days will result in a pay dockage of 100%.***

NO REFUNDS OF PAY DOCKAGES OF 100% WILL BE MADE. It is the employee's responsibility to provide a physician's statement when submitting an absence from duty form. Such statements must be made on the form provided and must contain the original physician's signature, no facsimiles will be accepted.

I have read the above statement and understand my responsibility regarding compensation during my extended sick leave. I understand that if I do not follow these requirements it will result in 100% dockage of my salary that cannot be refunded at a later time.

Employee Signature:_____ Date:_____

For Office Use ONLY:

Extended Days Available:_____ Less Days this Report:_____ Balance of Days:_____

Dockage Month:_____

Amount employee will be docked: _____

Monroe City Schools

Human Resources Department
P. O. Box 4180
2006 Tower Drive
Monroe, LA 71211-4180
(318) 325-0601 FAX (318) 812-3603

Medical Certification
Required for Employees on Extended Leave

This statement must be submitted prior to the extended leave in order to obtain superintendent. NO leave will be granted if under 10 days.

All records regarding medical certification, like all other employee medical records, will be treated as confidential and kept in separate files.

Patient Name:_____ Date:_____

Relationship to Employee:_____ Employee Name:_____

1. Date on which the serious health condition began:_____

2. The probable duration of the condition:_____

3. Appropriate medical facts regarding the condition:_____

_____

_____

_____

4. If the request is for intermittent leave or leave on a reduced schedule, the dates on which treatment will be given and the duration of such treatments must be stated here:

_____

5. Date patient (employee or family member) was last examined or treated:_____

6. Period of time of leave requested for employee's personal illness or illness of an immediate family member:_____

7. Would part-time employment of twenty hours or less per week impair the purpose for which the extended sick leave is required? _____ Yes _____ No. If no, how many hours per week could the employee work? _____

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. Nurses or nurse practitioners are NOT authorized to sign.

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Human Resources

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

(318) 325-0601
FAX: 387-8384
phedra.brantley@mcschools.net
Phedra Brantley, Human Resources Director

Authorization to Release Medical Information

This is to authorize Dr. _____ to release all medical facts regarding my condition (or the medical condition of my family member_____) to the Monroe City Schools Human Resources Department. This information is required by LA Acts 1341 and 457 to determine my eligibility for an extended leave.

This information should be mailed to the attention of R. David Breithaupt and marked "Confidential".

Employee Signature:_____ Date:_____

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

Medical Release to Return to Work

NOT to be completed until the physician releases 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.