

Calcasieu Parish School Board Physician's Statement Form

Immediate Family = Spouse, Parent or Child of Employee

FORM EXPIRES EVERY 6 WEEKS OR BY "EXPECTED DATE OF RETURN" - AN UPDATED FORM IS REQUIRED AT THAT TIME

(check each box that applies)

☐ SELF ☐ SPOUSE ☐ PARENT ☐ CHILD

(check each box that applies)

☐ SICK LEAVE BANK DAYS ☐ EXTENDED SICK LEAVE ☐ 30 EXTRA MATERNITY EXT. S/L

↓
(Bank Days--Must also complete Sick Leave Bank Request for Days Form)

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(Teachers only--all S/L must be exhausted)

NAME

SCHOOL OR DEPARTMENT

EMPLOYEE NUMBER

LOCATION NUMBER

Act No. 659 of the Regular Session, 2014, allows employees of school districts to take up to 90 days of extended sick leave in each six year period of employment. All regular sick leave and/or annual leave must be exhausted before requesting extended sick leave. On every occasion that an employee uses extended sick leave, a statement from a licensed physician certifying that the absence is due to a **"medical necessity"** shall be presented. "Medical necessity" is the result of a catastrophic illness or injury, which means a life-threatening chronic, or incapacitating condition of the employee or a member of his/her immediate family.

TO BE FILLED OUT BY PHYSICIAN:

List dates of absences: _____

Expected Date of Return: _____ Next Appointment Date: _____

Additional Comments: _____

I certify that the dates listed above were due to a medical necessity.

Physician's Signature

Date

Printed Name of Physician

Name of Medical Practice

STATEMENT OF MEDICAL CONDITION REQUIRING SICK LEAVE: **(Mandatory)**

Employees using extended sick leave will be docked 35% of their daily rate for each day of extended sick leave used, not 35% of their monthly salary. Retirement will be taken out of the full rate (100%) of their daily rate.