



CITY OF BAKER SCHOOL SYSTEM (CBSS)
SICK LEAVE/EXTENDED SICK LEAVE/FMLA REQUEST FORM

To be completed by Employee AND by the Health Care Provider

To Be Completed by Employee (In Blue Ink) for Employee as the Patient

\*Preliminary faxes are temporal; therefore, original blue ink copies of this form must be mailed by the next day of receipt of the preliminary fax.

Employee Name: \_\_\_\_\_ Date of Request (M/D/Y): \_\_\_\_\_
School/Department: \_\_\_\_\_ Job Title: \_\_\_\_\_
Home Address: \_\_\_\_\_
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_
Beginning Date (M/D/Y): \_\_\_\_\_ to Ending Date (M/D/Y): \_\_\_\_\_ NOTE: Must align with Page 2 Dates

Teachers can receive Extended Sick Leave under Act 1341 if ALL of the following conditions are met:

- 1. The leave is necessary for illness of the employee or for the care of an immediate family member.
2. All employees' sick leave days have been exhausted at the effective date of the Extended Sick Leave.
3. The Health Care Provider portion of this form must be completed by a licensed physician, physician assistant, or nurse practitioner verifying that it is medically necessary for the employee to be absent from work.

NOTE: Act 788 allows for ninety (90) days of Extended Sick Leave during each six (6) year period of employment after all regular sick leave has been used. This statute requires a showing of a medical necessity. A Medical Necessity is the result of a catastrophic illness or injury which means a life-threatening, chronic, or incapacitating condition of the school employee or his/her immediate family.

Check one OR MORE of the following three (3) choices AS APPLICABLE:

I wish to request approval of Regular Sick Leave. I understand that I will use accumulated Regular Sick Days to cover the estimated time period absent. I understand District Sick Leave Policy F-11.4, Cf: E-5.3, F-11.4a. (See Attached Policy)

I wish to request approval of Extended Sick Leave. I understand that I must exhaust all of my accumulated Regular Sick Leave first. I understand that I will receive 65% of my pay when Extended Sick Leave begins. It should be noted that Extended Sick Leave pay basically becomes an hourly rate of pay depending on the number of days per pay period; consequently, each paycheck will be different each pay period contingent upon the # of hours per period.

I wish to request approval of Family and Medical Leave (FMLA). I understand that there is a required timeline of employment service prior to FMLA application. Moreover, I understand that it is my responsibility to provide a physician, physician assistant, or nurse practitioner's statement before the leave can be considered for approval. I understand District FMLA Policy F- 11.4.a. (See Attached Policy)

REQUIRED SIGNATURE AUTHORIZATIONS (In Blue Ink) by Employee

Employee Printed Name \_\_\_\_\_
Employee Signature: \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_

I hereby state the above information is true and correct and I authorize the Release of the Information requested on this form.

Principal/Supervisor Signature: \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_

NOTE: It is professional courtesy for an Employee to share that the appropriate contents of a Request for Leave with his or her Principal/Immediate Supervisor prior to submission to Human Resources.

Yes or No HR Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes or No Superintendent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Option #1: To Be Completed by Physician, Physician Assistant, or Nurse Practitioner for Employee as Patient (must be legible)

Item #1: Does the condition of the employee prevent her/him from performing the essential functions of her/his job? \_\_\_YES or \_\_\_NO If yes, please state the medical facts (condition) and how this condition limits the employee from performing the essential functions of his/her job description:

Item #2 Provide a general description of the regimen of treatment to be prescribed, a) indicate the number of visits and b) general nature and duration (including estimated dates of recovery period) of treatment to include referrals to other health care providers

Leave dates medically necessary for the Employee to be absent from work (Month, Day, and Year): NOTE: Make sure the dates match the requested beginning and ending date on the first page of the application!

Date Leave begins: \_\_\_\_\_ Date Leave ends: \_\_\_\_\_

REQUIRED SIGNATURE AUTHORIZATIONS (In Blue Ink) by Health Care Provider

Health Care Provider Printed Name: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_

Type of Practice: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # (Include Area Code): \_\_\_\_\_ Fax # (Include Area Code): \_\_\_\_\_

Option #2: To Be Completed for Immediate Family Member As Patient (must be legible)

Please List the relationship of Immediate Family Member Patient to the Employee? \_\_\_\_\_

Is it medically necessary for our Employee to assist the Immediate Family Member patient? \_\_\_ Yes \_\_\_ No

Please state the condition which requires the patient to be assisted by our Employee:

As a licensed physician, please state how and why the Employee must assist the immediate family member patient

Provide a general description of the regimen of treatment to be prescribed, a) indicate the # of visits and b) general nature and duration (including estimated dates of recovery period) of treatment to include referrals to other health care providers

Leave dates medically necessary for the Employee to be absent from work (Month, Day, and Year): NOTE: Make sure the dates match the requested beginning and ending date on the first page of the application!

Date Leave begins: \_\_\_\_\_ Date Leave ends: \_\_\_\_\_

REQUIRED SIGNATURE AUTHORIZATIONS (In Blue Ink) by Health Care Provider

Health Care Provider Printed Name: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_

Type of Practice: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # (Include Area Code): \_\_\_\_\_ Fax # (Include Area Code): \_\_\_\_\_

## **SICK LEAVE (Last modified 5-4-2021)**

The City of Baker School Board shall grant all employees hired for the school year or longer a minimum of ten (10) days absence per year because of personal illness or other emergencies without loss of pay. Sick leave shall be granted according to the following:

Nine and ten month employees	10 days per year
Eleven month employees	11 days per year
Twelve month employees	12 days per year

Sick leave, when not used, shall be allowed to accumulate to the credit of the employee without limitation. However, upon initial employment, a *teacher* employed by the School Board shall not be allowed any sick leave until he or she reports for duty and actually performs work.

The minimum of ten (10) days of sick leave for an employee shall be based on the employee beginning work at the beginning of the school year. In the case of an employee beginning work in the first month of the school year, *ten days* sick leave shall be allowed. If an employee begins work in the second month of the school year, *nine days* of sick leave shall be allowed, and the number of days of sick leave shall continue to be prorated for an employee who begins work until the eighth month of the school year, when only *three days* of sick leave shall be allowed. The Superintendent and/or his/her designee shall be responsible for developing and maintaining pertinent regulations and procedures governing sick leave.

### TERMINOLOGY

Statutes governing sick leave for School Board personnel include differing provisions for different categories of employees. For purposes of this policy, the following terminology shall apply:

- A *teacher* shall mean any employee who holds a valid teaching certificate or whose employment requires the holding of a teaching certificate, or any social worker, guidance counselor, or school psychologist who holds, as applicable, a valid professional ancillary certificate.
- A *bus operator* shall mean any employee who is employed as a school bus operator.
- A *school employee* shall mean an employee who is not a teacher or a school bus operator.
- The use of the term *employee* shall include all three (3) categories of personnel.

### CERTIFICATION OF ABSENCE

An employee who is absent for **six (6) or more consecutive days shall be required to present a certificate from a physician, physician assistant providing health care services in accordance with Louisiana law, or nurse practitioner providing health care services in accordance with Louisiana law,** certifying such absence upon return to work. In the case of repeated absences of less than six (6) days because of illness, the School Board reserves the right to require verification of illness. Should a pattern of behavior so warrant, upon the request of the Superintendent or School Board, the employee shall be required, at the expense of the School Board, to provide a certificate from a physician specified by the Superintendent or School Board, in order to verify the existence of an illness, injury, or medical emergency.

Excuses for employee absences due to illness or injury must be provided on physician's letterhead containing the physician's name, address, and telephone number, typed, printed, or as part of the letterhead. The physician's typed or neatly printed name shall also appear beneath his/her signature. The letter must clearly state the reason for the illness or injury, date of the illness or injury, and the anticipated return-to-work date.

If an employee is absent from duty under circumstances in which he/she is not entitled to any kind of leave, such employee shall be considered to be in violation of his/her contract, and is not entitled to be paid for the days of unauthorized absence and non-performance of duties.

### SICK LEAVE FOR EMERGENCIES

Emergencies for sick leave purposes shall be defined by the School Board as:

1. Illness or death within the immediate family - husband, wife, children and their spouses, parents, brothers and sisters and their spouses; spouse's parents, brothers and sisters and their spouses; grandparents and grandchildren (including step-relations);
2. Weather conditions - hurricane, tornado, snowstorm, flood, accident, when approved by the Superintendent or designee;
3. Court summons; or
4. Other unusual circumstances as approved by the Superintendent or designee.

### EXTENDED SICK LEAVE

The School Board shall permit employees to take **up to ninety (90) days of extended sick leave in each six-year period of employment which may be used for a medical necessity at any time the employee has no remaining regular sick leave balance at the time the extended sick leave is set to begin.** The initial six-year period of employment shall begin on August 15, 1999 for all *teachers* and *bus operators* employed as of that date, on August 15, 2008 for *school employees* employed as of that date, or on the effective date of employment for those employees employed after the dates above. **All decisions relative to the granting of extended sick leave shall be made by the Superintendent.**

Unused days during any six-year period of employment shall not cumulate or carry forward into the next six-year period of employment. The balance of days of extended sick leave available shall transfer with the employee from one public school employer to another without loss or restoration of days.

Interruptions of service between periods of employment with a public school employer shall not be included in any calculation of a six-year period, such that any employment with any public school employer, regardless of when it occurs, shall be included in any determination of the balance of days of extended sick leave available to the employee.

Any employee on extended sick leave shall be paid **sixty-five percent (65%)** of the salary paid the employee at the time the extended sick leave begins.

### Definitions

*Child* means a biological son or daughter, an adopted son or daughter, a foster son or daughter, a stepson or daughter, or a legal ward of an employee standing in *loco parentis* to that ward who is either under the age of eighteen (18) or who is eighteen (18) years of age but under twenty-four (24) years of age and is a full-time student, or who is nineteen (19) years of age or older and incapable of self-care because of a mental or physical disability.

*Immediate family member* shall mean a spouse, parent, or child of the employee.

*Infant* means a child under one year of age.

*Medical necessity* shall be the result of a catastrophic illness or injury, a life-threatening, chronic, or incapacitating condition, as certified by a physician, of the employee or a member of his/her immediate family.

*Parent* means the biological parent of an employee or an individual who stood in *loco parentis* to the employee.

#### Extended Sick Leave for Maternity or Adoptive Purposes

Each *teacher* granted maternity or adoptive leave in accordance with state law and who has no remaining sick leave balance available may be granted up to (30) days of additional extended sick leave in each six-year period of employment for personal illness relating to pregnancy, illness of an infant, or for required medical visits certified by a physician as relating to infant or maternal health.

#### Gainful Employment Permitted

An employee may undertake additional gainful employment while on extended sick leave, provided **all** of the following conditions are met:

1. The employee can demonstrate that he/she will be working not more than twenty (20) hours a week in a part-time job that the employee has been working for not less than one hundred twenty (120) days prior to the beginning of any period of extended sick leave.
2. The physician who certifies the medical necessity of the leave indicates that such part-time work does not impair the purpose for which the extended sick leave is required.

Any violation of the provisions regarding gainful employment may require the employee to return to the School Board all compensation paid during any week of extended sick leave in which the employee worked more than twenty (20) hours and to reimburse the School Board all related employment costs attributable to such period as calculated by the School Board, without any restoration of leave days.

#### Application Process

On every occasion that a *teacher* uses extended sick leave, a statement from a licensed physician certifying that it is for personal illness relating to pregnancy, illness of an infant, or for required medical visits related to infant or maternal health, or that it is a medical necessity, shall be presented prior to extended sick leave being taken.

On every occasion that a ***bus operator or school employee*** uses extended sick leave, a statement from a licensed physician certifying that it is a medical necessity for the *bus operator* or *school employee* to be absent for **at least ten (10) consecutive work days shall be presented prior to extended sick leave being taken.**

The required physician's statement may be presented along with the request for extended sick leave subsequent to the *teacher's* or *school employee's* return to service. In such a case, the extended sick leave shall be granted for all days for which extended sick leave is requested, provided the request and required documentation is presented within three (3) days after the *teacher* or *school employee* returns to service. However, the School Board or the Superintendent reserves the right to question the validity of the medical certification after the three day period.

**If the period an employee is on extended sick leave is anticipated to carry over from one school year to the start of the next school year, another application and physician's statement shall be submitted prior to the start of the next school year in order to be eligible for continued extended sick leave.**

**VALIDITY OF PHYSICIAN'S CERTIFICATION**

If at any time during the period of certified disability the School Board questions the validity or accuracy of the physician's certification for any type of sick leave request made by a *teacher*, or for extended leave or leave requested as a result of physical assault or battery made by a *bus operator* or *school employee*, **the School Board may require the employee to be examined by a licensed physician selected by the School Board.**

**Any further review of medical certification shall proceed as follows:**

- 1. Upon review of the physician's certification submitted, if the School Board or Superintendent questions the validity or accuracy of the certification, the School Board or Superintendent may require the employee, or the immediate family member, as applicable, as a condition for taking the applicable sick leave, to be examined by a licensed physician selected by the School Board or Superintendent. If the physician finds medical necessity or certifies a disability, the leave shall be granted.**
- 2. If the selected physician disagrees with the original medical certification from the physician selected by the employee, then the School Board or Superintendent may require the employee, or immediate family member, as applicable, as a condition for taking the applicable sick leave, to be examined by a *third* licensed physician, whose name appears next in the rotation of physicians on a list established by the local medical society and maintained by the School Board or Superintendent. The final determination of medical necessity or certification of a disability shall be based on the opinion of the third physician.**
- 3. In the determination of the validity of a physician's certification, the opinion of *all* physicians consulted shall be submitted to the School Board or Superintendent 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.**

The School Board shall pay all costs of any examinations and tests determined to be necessary.

Revised: August, 2001

Revised: May 3, 2016

Revised: January 21, 2003

Revised: July 25, 2018

Revised: September, 2004

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Revised: July, 2012

Ref:	La.	Rev.	Stat.	Ann.
§§	<a href="#">11:786</a> , <a href="#">11:788</a> , <a href="#">14:125</a> , <a href="#">17:425</a> , <a href="#">17:425.1</a> , <a href="#">17:500</a> , <a href="#">17:500.1</a> , <a href="#">17:500.2</a> , <a href="#">17:1200</a> , <a href="#">17:1201</a> , <a href="#">17:1202</a> , <a href="#">17:1205</a> , <a href="#">17:1206</a> , <a href="#">17:1206.1</a> , <a href="#">17:1206.2</a>			Board minutes, 1-21-03, 2-3-09, 5-3-16, 7-25-18, 3-3-20, 5-4-21 City of Baker School Board



## ***FAMILY AND MEDICAL LEAVE (Last modified 7-25-2018)***

The *Family and Medical Leave Act* (FMLA) provides eligible employees the opportunity to take unpaid, job-protected leave for specified family and medical reasons.

### ELIGIBILITY

Only eligible employees are entitled to take FMLA leave. To be eligible for FMLA benefits, an employee shall have been employed by the School Board for at least twelve (12) months and have worked at least 1250 hours during the 12-month period immediately preceding the date of the leave to be taken.

### LEAVE ENTITLEMENT

Eligible employees may take up to twelve (12) workweeks of unpaid leave in a 12-month period for one or more of the following reasons:

1. For the birth of the employee's son or daughter or for the placement with the employee of a son or daughter for adoption or foster care, and to care for the newborn or newly placed child;
  - A. Leave shall be taken within the twelve (12) months immediately following the birth or placement;
  - B. In cases where both a husband and wife are employed by the School Board and both are eligible for FMLA leave, the husband and wife shall be limited to a combined total of twelve (12) weeks of FMLA leave for the birth or placement and subsequent care;
2. To care for the employee's spouse, son, daughter, or parent with a *serious health condition*;
3. Because of a *serious health condition* that makes the employee unable to perform one or more of the essential functions of his or her job; and
4. Because of any "qualifying exigency" arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty status (or has been notified of an impending call or order to covered active duty).

### MILITARY CAREGIVER LEAVE

Eligible employees who are the spouse, child, parent, or next of kin of a covered service member are also entitled to up to fourteen (14) workweeks of additional unpaid leave during a single 12-month period (for a total of twenty-six (26) weeks if combined with other FMLA leave) to care for a covered service member who is undergoing medical treatment, recuperation or therapy, is in outpatient status, or is on the temporary disability retired list, for a qualifying *serious injury or illness*. In cases where both a husband and wife are employed by the City of Baker School Board and both are eligible for FMLA leave, the husband and wife shall be limited to a combined total of twenty-six (26) weeks of FMLA military caregiver leave.

## IDENTIFYING THE 12-MONTH PERIOD

The 12-month period within which the employee may take his/her FMLA leave begins and is measured forward from the first date the employee takes FMLA leave. The next 12-month period would not begin until the next time FMLA leave is taken after completion of the prior 12-month period.

## INTERMITTENT LEAVE OR REDUCED LEAVE SCHEDULE

Generally, the time taken for FMLA leave shall be on a continuous basis. Under some circumstances, however, employees may take FMLA leave on an intermittent or reduced basis. In such instances, the 12-month period begins on the first day leave is taken.

Employees may be permitted to take FMLA leave on an intermittent or reduced basis to care for a covered family member with a *serious health condition* or for the employee's own *serious health condition* when medically necessary. An employee may take intermittent leave for the birth or placement of a child only with School Board approval.

In any case in which an instructional employee requests intermittent FMLA leave that is foreseeable based on planned medical treatment and the employee would be on leave for more than twenty percent (20%) of the total number of working days in the period during which the leave would extend, the employee may be required to take leave for periods not to exceed the particular duration of the planned medical treatment or to temporarily transfer to an alternative position for which the employee is qualified and which would be less disruptive to the classroom.

## ADVANCE NOTICE

Employees shall comply with the School Board's policies and pertinent administrative procedures for all leave requests and provide enough information for the School Board to reasonably determine whether the FMLA may apply to the leave request. **In any case in which the need for leave is foreseeable, the employee shall provide the School Board with at least thirty (30) days notice before the date the leave is to begin. When the need for leave is foreseeable less than thirty (30) days in advance or is unforeseeable, employees shall provide notice as soon as possible.**

When the need for leave is for the birth or placement of the employee's child and/or subsequent care and said need for leave is foreseeable based on the expected birth or placement, the employee shall provide the School Board with at least thirty (30) days notice before the date the leave is to begin. If the date of birth or placement requires the leave to begin in less than thirty (30) days, then notice shall be provided as soon as possible.

In any case in which FMLA leave is requested for planned medical treatment, the employee shall consult with the School Board and make a reasonable effort to schedule treatment so as not to unduly disrupt school operations.



## SUBSTITUTION OF PAID LEAVE

Employees shall be required to substitute any applicable, accumulated paid leave, such as sick and/or annual leave, to concurrently cover any part or all of the twelve (12) week period of FMLA leave time requested. **Any leave granted an employee under extended sick leave, medical sabbatical leave or maternity leave shall also run concurrently with any FMLA leave available to an employee under this policy.** If paid leave is used by an employee, the School Board shall provide only enough unpaid FMLA leave time to total the allowed twelve (12) week period.

## CERTIFICATION

**The School Board may require an employee to submit medical certification from a health care provider to support requests for FMLA leave to care for a covered family member with a *serious health condition* or for the employee's own *serious health condition*. The employee is responsible for providing a complete and sufficient medical certification within fifteen (15) calendar days of the School Board's request for same.** Information on the certification shall include, but not be limited to, the following:

- 1. Contact and practice/specialization information of the health care provider;**
- 2. The approximate date on which the *serious health condition* commenced and its probable duration;**
- 3. A statement or description of appropriate medical facts regarding the patient's health condition sufficient to support the need for FMLA leave;**
- 4. For purposes of leave for the employee's own *serious health condition*, information sufficient to establish that the employee cannot perform the essential functions of the employee's job as well as the nature of any other work restrictions, and the likely duration of such inability;**
5. For purposes of leave to care for a covered family member's *serious health condition*, information sufficient to establish that the family member is in need of care, that the employee is needed to care for the family member, and an estimate of the frequency and duration of the leave required to care for the family member;
6. For purposes of leave on an intermittent or reduced schedule basis for planned medical treatment of the employee's or a covered family member's *serious health condition*, information sufficient to establish the medical necessity for such intermittent or reduced schedule leave and an estimate of the dates and duration of such treatments and any periods of recovery;
7. For purposes of leave on an intermittent or reduced schedule basis for the employee's *serious health condition*, including pregnancy, that may result in unforeseeable episodes of incapacity, information sufficient to establish the medical necessity for such intermittent or reduced schedule leave and an estimate of the frequency and duration of the episodes of incapacity; and

8. For purposes of leave on an intermittent or reduced schedule basis to care for a covered family member with a *serious health condition*, a statement that such leave is medically necessary to care for the family member, and an estimate of the frequency and duration of the required leave.

**Consistent with School Board policies, employees on FMLA leave due to a *serious health condition* may be expected to keep their supervisors notified of their progress and anticipated date of return. Employees shall be required to submit a recertification from their physician on the required form once every thirty (30) days, except under certain circumstances set forth in the FMLA.**

The School Board may also require that an employee's request for "qualifying exigency" leave or that leave requested to care for a covered service member be supported by appropriate certification.

### FITNESS FOR DUTY AND RETURN TO WORK

An employee returning from FMLA leave due to a *serious health condition* shall be required to provide to the School Board certification from his/her health care provider that he/she is able to resume work and perform the essential functions of his/her job.

An employee returning from FMLA leave shall have the right to be restored to his/her previous position or to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment, except that the School Board may not be obligated to restore certain "highly compensated" or "key" employees to their former positions under the conditions set out in the FMLA.

### DEFINITIONS

*Serious health condition* means an illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility; or
- a period of incapacity requiring absence of more than three (3) calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider; or
- any period of incapacity due to pregnancy, or for prenatal care; or
- any period of incapacity (or treatment therefore) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.); or
- a period of incapacity that is permanent or long term due to a condition for which treatment may not be effective (e.g., Alzheimer's, stroke, terminal diseases, etc.); or,
- any absences to receive multiple treatments (including any period of recovery therefrom) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than three (3) consecutive days if left untreated (e.g., chemotherapy, physical therapy, dialysis, etc.).