

Central Community School System
Application to Request Sick Leave/Extended Sick Leave
for School Employees

Employee Name: _____ Employee ID: _____

School/Department: _____ Job Title: _____

Home Address: _____

Home Number: _____ Cell Phone Number: _____

Requested Beginning Date: _____ Requested Ending Date: _____

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. Health Care Provider form attached from a licensed physician verifying that it is medically necessary for the employee to be absent from work. (No facsimiles will be accepted.)

____ I wish to request approval of Sick Leave. I understand that I will use accumulated sick days to cover the estimated time period absent.

____ I wish to request approval of Extended Sick Leave. I understand that I must exhaust all of my accumulated sick leave first. I understand that I will receive 65% of my pay when Extended Sick Leave begins.

****It is the employee's responsibility to provide a physician's statement before the leave can be approved.****

This form must be submitted to the Office of Human Resources within 3 days of returning back to work

Employee Signature: _____ Date: _____

Principal or Supervisor Signature: _____ Date: _____

Approved:

Director of Human Resources

Date

PLEASE RETURN COMPLETED FORMS TO:
CENTRAL COMMUNITY SCHOOL SYSTEM
POST OFFICE BOX 78094
CENTRAL, LA 70837