



## **MOREHOUSE PARISH SCHOOLS EMPLOYEE LEAVE OPTIONS**

**Accumulated Days : 100% of salary**  
**Extended Leave : 65% of salary**  
**Medical Sabbatical : 65% of salary**  
**Professional Sabbatical : 65% of salary**  
**Family Medical Leave : Leave With / Without Pay**

Submit ALL Medical Certification Forms to the Payroll Office in a sealed envelope marked.  
(You may use and cut the label below)

**ATTENTION: PAYROLL – MEDICAL CERTIFICATION  
(CONFIDENTIAL)**

**DATE SUBMITTED: \_\_\_\_\_**



## **PACKET FOR MEDICAL OR EMERGENCY LEAVE WHEN ACCUMULATED SICK DAYS ARE USED**

All nine month employees shall be entitled to a minimum number of days absence per year based on the number of months employed. (Nine months - 10 days; eleven months - 11 days; twelve months - 12 days) because of personal illness or other emergencies without loss of pay. Such sick leave when not used in any year shall be accumulated to the credit of the teacher without limitation.

**When an employee is absent more than five consecutive days because of personal illness, he/she shall present a certificate from a licensed medical practitioner (i.e. physician, physician's assistant, or nurse practitioner) certifying such illness. A form for that purpose is included in this packet.**

If the illness is short term, the medical practitioner's certification may be all that is required. However, if the absence involves a major illness or surgery requiring more than 5 days, the employee must complete the Medical Release form to return to work which will give the date the employee will be medically able to return to work. After returning to work, the employee's principal or immediate supervisor will complete and sign the bottom of the form verifying the date returned. The principal/supervisor will then turn in the form to the personnel office, no later than two days following the return to work.

## **ACT 1341 and ACT 457: EXTENDED SICK LEAVE Information and Forms for Teachers, School Bus Operators, and Other Full Time Employees**

### **Requirements:**

Employees can receive extended sick leave under Act 457 or Act 1341 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. This statement may be submitted prior to the extended leave or if that is not possible, within three days of the employee's return to work. It must be in the payroll office by the 2<sup>nd</sup> of the month.

Other conditions: If the school board 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 school board also pays for the third examination.

### **Limitations:**

Act 1341 and Act 457 provide 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 his/her 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:** Act 1341 and Act 457 are 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. (5 days)
3. **Report of Absence Form:** This form is designed only for persons on extended sick leave under Act 1341 and Act 457. When the accumulated sick day balance is zero (0) all absences for the remainder of the school year will be reported on this form. If the appropriate medical certification form is attached, the employee will only be docked 35% of his/her daily pay. If it is not attached, the employee will be docked 100%. When the extended sick leave balance reaches zero (0) within the six-year period, the employee will automatically be docked 100% of the daily rate of pay

## **EXTENDED SICK LEAVE AND CATASTROPHIC AND LONG-TERM ILLNESS POLICY FOR TEACHERS, SCHOOL BUS OPERATORS AND SCHOOL EMPLOYEES**

All "school bus operators" as defined by La. R.S. 17:500, "all teachers" as defined by La. R.S. 17:1200 and all "employees" as defined by La. R.S. 17:1205 (all of whom may be referred to as "employee" hereafter) shall be permitted to take up to ninety (90) days of extended sick leave in each six (6) year period of employment. The extended sick leave may be used for a medical necessity in the manner and as defined below. The extended sick leave may be used at any time that the school employee has no remaining regular sick leave balance. As used in this policy, the following terms shall have the following meanings:

- (1) "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, or who is eighteen years of age but under twenty-four years of age and is a full-time student, or who is nineteen years of age or older and incapable of self-care because of a mental or physical disability
- (2) "Immediate family member" means a spouse, parent, or child of an employee.
- (3) "Parent" means the biological parent of an employee or an individual who stood in *loco parentis* to the employee.
- (4) A "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 the employee's immediate family which requires at least a ten (10) consecutive work days of absence.

Unused days of extended sick leave 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 leave available to a school employee shall transfer with that individual from one public school employer to another without loss of days and without 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. All time while on extended sick leave is regular service time for all purposes for which service time is calculated or used.

Any school employee on extended sick leave shall be paid sixty – five percent (65%) of the salary paid to the employee at the time the extended sick leave begins. No school employee may undertake additional gainful employment while on extended sick leave, unless all of the following conditions are met:

- A. The employee can demonstrate that he/she will not be working more than twenty (2) hours a week in a part-time job that he/she has been working for not less than one hundred twenty (120) days prior to the beginning of any period of extended sick leave.
- B. 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 leave is required.

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

On every occasion that employee uses extended sick leave, a statement from a licensed medical practitioner (i.e. physician, a physician's assistant, or nurse practitioner) certifying that it is a medical necessity, as defined above, for the employee to be absent for at least ten consecutive work days shall be presented prior to the extension of such leave, if it is practicable.

The statement from a licensed medical practitioner required by the above paragraph may be presented and the extended sick leave may be requested subsequent to the employee's return to service if the physician's statement, together with any other required documentation, is presented to and the leave is requested from the Board within three (3) days after the employee returns to work. It shall be the employee's responsibility to obtain the certification from the physician and to have completed all necessary documentation.

If the Superintendent of Schools, upon review of the application, questions the validity or accuracy of the certification, the said Superintendent may require the employee or the immediate family member, as a condition for continued extended leave, to be examined by a licensed physician selected by the Superintendent or his designee. In such a case, the Board shall pay all costs of the examination and any tests determined to be necessary.

If the medical practitioner so selected finds medical necessity, the leave may be granted. If the medical practitioner so selected by the Superintendent disagrees with the certification of the medical practitioner selected by the employee, the Superintendent of Schools may require the said employee or the immediate family member, as a condition for continued extension of sick leave, to be examined by a third licensed appropriate medical professional 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 Board. All costs of an examination and any required tests by a third doctor shall be paid by the Board. The opinion of the third medical practitioner shall be determinative of the issue, subject to the leave approval by the Superintendent. The opinion of all medical practitioners consulted as provided in this policy shall be submitted to the Superintendent on the form attached as Exhibit I, which shall be subject to the provisions of R.S. 14:125. **THE FORMS ATTACHED ARE THE ONLY ACCEPTABLE CERTIFICATION.**

Any extended sick leave day(s) taken by an employee counts toward the amount of days provided through the Family and Medical Leave Act of 1993, as amended. All information contained in any statement from a physician received pursuant to the requirements of this policy shall be confidential and shall not be subject to the public records law.

Employees suffering from catastrophic and long-term illness may exercise their rights under the Family & Medical Leave Act of 1993 or the Leave Without Pay policy of the Morehouse Parish School Board, policy F-10.8 or the Sick Leave Bank policy.

Each teacher granted maternity leave in accordance with the provisions of La.R.S. 17:1211 and the Board's policy and who has no remaining sick leave balance available to take, may take in the manner provided in this extended leave policy up to thirty days extended leave in each six year period of employment for personal illness related to the purpose for which the maternity leave was granted and on every occasion that a teacher uses extended sick leave for such purpose, a statement from a licensed physician certifying that the extended sick leave is for personal illness related to the purpose for which maternity leave was granted shall be presented prior to the extension of such leave.

Notwithstanding any other provision of law or this policy manual to the contrary, all decisions relative to granting of extended leave shall be made by the Superintendent of Schools.

## **PACKET FOR REQUESTING LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993 AND 2008: LEAVE WITHOUT PAY**

It is the policy of the Morehouse Parish School System to comply with the Family and Medical Leave Act of 1993 as amended and to otherwise grant leave without pay in accordance with the following procedures:

### **Eligible Employees:**

Any employee who has been employed for at least twelve (12) months from which leave is requested and has worked at least 1,250 hours during the previous twelve (12) month period.

### **Amount of Leave:**

Any eligible employee is entitled to a maximum of twelve (12) work weeks of leave during any twelve (12) month period.

### **Purposes of Leave:**

1. To care for the employee's newborn child after birth.
2. To care for a child after placement of the child with the employee for adoption or foster care.
3. To care for an employee's spouse, son, daughter, or parent if such relative has a "serious health condition".
4. Because of a "serious health condition" that makes the employee unable to perform the functions of his/her job.

**Advance Notice and Medical Certification:**

1. Morehouse Parish School Board requires the employee to provide advance leave and medical certification. The leave may be denied if the requirements are not met as set forth herein below.
2. The employee must ordinarily provide at least thirty (30) days' notice when the leave is foreseeable. Where the need is not foreseeable, thirty (30) days in advance, the employee must provide as much notice as practicable.
3. The Morehouse Parish School Board will require timely medical certification from a health care provider in support of the request for leave because of a serious health condition and may require second or third opinions (at the expense of the School Board). The certification must contain, at a minimum:
  - a. The date on which the serious health condition began
  - b. The probable duration.
  - c. The "Appropriate medical facts" about the condition, and
  - d. If leave is sought to care for a family member, that the employee is needed to care for the relevant family member and an estimate of how long such care will be needed.
  - e. If leave is sought for a serious health condition, that the employee is unable to perform the functions of his/her position.
  - f. If the request is made for intermittent leave or leave on a reduced schedule, the statement must also state the dates on which treatment will be given and the duration of such treatments.
4. The Morehouse Parish School Board will require an employee on leave to periodically report regarding his/her intention to return to work at such times as are reasonable.
5. As a condition of restoring the employee returning from medical leave to employment, the employee must provide a certification from a health care provider stating that the employee has the physical ability to resume work. This certification is limited to the condition that entitled the employee to the leave and complies with job relatedness of the employee's work condition.

**Confidentiality:** All records regarding medical certification, like all other employee medical records, will be treated and maintained in a confidential manner.



# Morehouse Parish School Board

## Personnel Services

4099 Naff Avenue P.O. Box 872 Bastrop, Louisiana 71221-0821

Phone: (318) 283-3482; Fax : (318) 281-9919

**Dr. Jesse Winston, Jr.,** *Superintendent*

**Teresa Merritt,** *Personnel Director*

### **DIRECTIONS**

1. Date on which serious health condition began: This is the date you or your family member was diagnosed with the health condition.
2. The probable duration of the condition: How long does the physician feel the condition will last?
3. Appropriate medical facts regarding the condition: Your physician should fill in medical facts here.
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: intermittent leave and appointments are filled in here.
5. Date patient (employee or family member) was last examined or treated: date you 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: The time the employee missed or will miss should be entered here. This is the time the physician is excusing your illness or the illness of your family member. It can be listed day by day or by listing the beginning date and ending date.
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? Can you as the employee work while you are out on this type of leave?

The physician and you will need to sign the form. (Please note that the physician will need to have his/her name printed with address and phone number, in addition to their signature.) After the form is signed, it will need to be submitted to the Payroll Office by the 5<sup>th</sup> of the month (example, days missed in January will need to be excused by February 5<sup>th</sup>).

The bottom part of this form has a place where you sign stating that you received a copy of the Family Medical Guidelines.

### **Return to work (RTW):**

The employee fills out the top section. If your physician request that you return with restrictions-you will need to check with the Personnel Supervisor. If we cannot accommodate your restrictions, the Personnel Supervisor will let you know.

The physician fills out the middle section.

Once the above sections are completed you would submit your RTW form to your principal or supervisor when you return to work.





# Morehouse Parish School Board

P.O. Box 872 • 4099 Naff Avenue Bastrop, Louisiana 71221-0872

Phone: (318) 281-5784; Fax: (318) 281-9919

## MEDICAL CERTIFICATION

### Required for Employees on Extended Leave (Use if Certification PRIOR TO Leave)

*All records regarding medical certification, like all other employee medical records, will be treated as confidential and kept in separate files. Medical Certifications must be turned in to the Central Office's Payroll Department before going on medical leave. After 5 days of absence without this form on file, the employee will be placed on an unapproved leave with a possibility of dockage for each day missed.*

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Title/ Position: \_\_\_\_\_ School/ Department: \_\_\_\_\_ Employee # \_\_\_\_\_

I recognize that for the purpose of this certification a "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 immediate family which requires the employee to be absent from work for at least ten (10) consecutive work days.

1. Date the medical necessity began: \_\_\_\_\_

2. The probable duration of the medical necessity: \_\_\_\_\_

3. Appropriate medical facts regarding the condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date patient (employee or family member) was last examined or treated: \_\_\_\_\_

5. Period of time of leave requested for employee's medical necessity of that of an immediate family member:

From: \_\_\_\_\_ To: \_\_\_\_\_

Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.

6. 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?

\_\_\_\_\_

7. Dates leave requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.

I, the undersigned **physician / physician's assistant / nurse practitioner (circle one)** hereby swear or affirm that I am 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 necessity stated above makes the leave herein medically necessary for the time period set forth above.

Medical Practitioner's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Practitioner's Signature

\_\_\_\_\_ Date Signed: \_\_\_\_\_

Note: A signature stamp **cannot** be accepted.

Must be medical practitioner's original signature.

*I have received a copy of the Sick Leave(GBRIB) and Family and Medical Leave (GBRIBA) Guidelines from the Morehouse Parish Policy Manual and acknowledge the following: Once my Medical Certification has expired, it is my responsibility to get a new one to payroll in a timely manner. Otherwise, the new one will be effective the day that it is received in the Payroll Department. I am aware that I will be docked my daily rate of pay for every day that I have no valid Medical Certification on File. Medical Certification will not be applied retroactively.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: It is the employee's responsibility to ensure that this form is fully completed and submitted to the Personnel Department in a timely manner. Incomplete forms will not be accepted/ processed.





# Morehouse Parish School Board

PO. Box 872 • 4099 Naff Avenue Bastrop, Louisiana 71221-0821

Phone: (318) 281-5784; Fax: (318) 281-9919

## MEDICAL CERTIFICATION

### Required for Employees on Extended Leave (Use if Certification AFTER Leave Taken)

All records regarding medical certification, like all other employee medical records, will be treated as confidential and kept in separate files. Medical Certifications must be turned in to the Central Office's Payroll Department before going on medical leave. After 5 days of absence without this form on file, the employee will be placed on an unapproved leave with a possibility of dockage for each day missed.

Name of MPSD Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Title/ Position: \_\_\_\_\_ School/ Department: \_\_\_\_\_ Employee # \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Employee's relationship to patient: \_\_\_\_\_

1. I recognize that for the purpose of this certification a "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 immediate family which requires the employee to be absent from work for at least ten (10) consecutive work days.
2. Date the medical necessity began: \_\_\_\_\_
3. The duration the medical necessity lasted: \_\_\_\_\_
4. Appropriate medical facts regarding the condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If the request is for intermittent leave or leave on a reduced schedule, the dates on which treatment was given and the duration of such treatments must be stated here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Date patient (employee or family member) was last examined or treated: \_\_\_\_\_
7. Period of time of leave requested for employee's medical necessity or that of an immediate family member:  
From : \_\_\_\_\_ To: \_\_\_\_\_  
**Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.**
8. 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?  
\_\_\_\_\_
9. Dates leave requested: From: \_\_\_\_\_ To: \_\_\_\_\_  
**Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.**

I, the undersigned *physician / physician's assistant / nurse practitioner (circle one)* hereby swear or affirm that I am 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 necessity stated above makes the leave herein medically necessary for the time period set forth above.

Medical Practitioner's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Practitioner's Signature

\_\_\_\_\_ Date Signed: \_\_\_\_\_

**Note: A signature stamp cannot be accepted.**

**Must be medical practitioner's original signature.**

*I have received a copy of the Sick Leave(GBRIB) and Family and Medical Leave (GBRIBA) Guidelines from the Morehouse Parish Policy Manual and acknowledge the following: Once my Medical Certification has expired, it is my responsibility to get a new one to payroll in a timely manner. Otherwise, the new one will be effective the day that it is received in the Payroll Department. I am aware that I will be docked my daily rate of pay for every day that I have no valid Medical Certification on File. Medical Certification will not be applied retroactively.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: It is the employee's responsibility to ensure that this form is fully completed and submitted to the Personnel Department in a timely manner. Incomplete forms will not be accepted/ processed.**



# Morehouse Parish School Board

PO. Box 872 • 4099 Naff Avenue Bastrop, Louisiana 71221-0821

Phone: (318) 281-5784; Fax: (318) 281-9919

## MEDICAL CERTIFICATION

### Required for Employee on ALL Leaves / Family Medical Leave

*All records regarding medical certification, like all other employee medical records, will be treated as confidential and kept in separate files. Medical Certifications must be turned in to the Central Office's Payroll Department before going on medical leave. After 5 days of absence without this form on file, the employee will be placed on an unapproved leave with a possibility of dockage for each day missed.*

Name of MPSD Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Title/ Position: \_\_\_\_\_ School/ Department: \_\_\_\_\_ Employee # \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Employee's relationship to patient: \_\_\_\_\_

1. I recognize that for the purpose of this certification a "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 immediate family which requires the employee to be absent from work for at least ten (10) consecutive work days.

2. Date the medical necessity began: \_\_\_\_\_

3. The duration the medical necessity lasted: \_\_\_\_\_

4. Appropriate medical facts regarding the condition: \_\_\_\_\_

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

6. Date patient (employee or family member) was last examined or treated: \_\_\_\_\_

7. Period of time of leave requested for employee's medical necessity or that of an immediate family member:

From : \_\_\_\_\_ To: \_\_\_\_\_

Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.

8. 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?  
\_\_\_\_\_

9. Dates leave requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.

I, the undersigned **physician / physician's assistant / nurse practitioner (circle one)** hereby swear or affirm that I am 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 necessity stated above makes the leave herein medically necessary for the time period set forth above.

Medical Practitioner's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Practitioner's Signature

\_\_\_\_\_ Date Signed: \_\_\_\_\_

Note: A signature stamp **cannot** be accepted.

Must be medical practitioner's original signature.

*I have received a copy of the Sick Leave(GBRIB) and Family and Medical Leave (GBRIBA) Guidelines from the Morehouse Parish Policy Manual and acknowledge the following: Once my Medical Certification has expired, it is my responsibility to get a new one to payroll in a timely manner. Otherwise, the new one will be effective the day that it is received in the Payroll Department. I am aware that I will be docked my daily rate of pay for every day that I have no valid Medical Certification on File. Medical Certification will not be applied retroactively.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: It is the employee's responsibility to ensure that this form is fully completed and submitted to the Personnel Department in a timely manner. Incomplete forms will not be accepted/ processed.



# Morehouse Parish School System

PO. Box 872 • 4099 Naff Avenue Bastrop, Louisiana 71221-0821

Phone: (318) 281-5784; Fax: (318) 281-9919

## MEDICAL CERTIFICATION

### Required for Employees on Extended Leave (Maternity Purposes)

*All records regarding medical certification, like all other employee medical records, will be treated as confidential and kept in separate files. Medical Certifications must be turned in to the Central Office's Payroll Department before going on medical leave. After 5 days of absence without this form on file, the employee will be placed on an unapproved leave with a possibility of dockage for each day missed.*

Name of MPSD Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Title/ Position: \_\_\_\_\_ School/ Department: \_\_\_\_\_ Employee # \_\_\_\_\_

1. I recognize that for the purpose of this certification that the teacher who is the applicant has a personal illness related to the purpose for which a maternity leave was granted.

2. Date the medical condition began: \_\_\_\_\_

3. The probable duration of the medical condition: \_\_\_\_\_

4. Appropriate medical facts regarding the condition: \_\_\_\_\_

5. Date patient was last examined or treated: \_\_\_\_\_

6. Period of time of leave requested for teacher's personal illness related to purposes for which maternity leave was granted: From : \_\_\_\_\_ To: \_\_\_\_\_

Please enter numerical dates only. Words such as "unknown" or "to be determined" will not be accepted.

I, the undersigned **physician / physician's assistant / nurse practitioner (circle one)** hereby swear or affirm that I am 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 personal illness of the teacher is related to the purposes for which the teacher's maternity leave was granted and the leave is medically necessary for the time period set forth above.

Medical Practitioner's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Practitioner's Signature

\_\_\_\_\_ Date Signed: \_\_\_\_\_

Note: A signature stamp **cannot** be accepted.

Must be medical practitioner's original signature.

*I have received a copy of the Sick Leave(GBRIB) and Family and Medical Leave (GBRIBA) Guidelines from the Morehouse Parish Policy Manual and acknowledge the following: Once my Medical Certification has expired, it is my responsibility to get a new one to payroll in a timely manner. Otherwise, the new one will be effective the day that it is received in the Payroll Department. I am aware that I will be docked my daily rate of pay for every day that I have no valid Medical Certification on File. Medical Certification will not be applied retroactively.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: It is the employee's responsibility to ensure that this form is fully completed and submitted to the Personnel Department in a timely manner. Incomplete forms will not be accepted/ processed.



# Morehouse Parish School System

## Personnel Services

4099 Naff Avenue P.O. Box 872 Bastrop, Louisiana 71221-0821

Phone: (318) 283-3482; Fax : (318) 281-9919

Jesse Winston, Jr., Superintendent

Teresa Merritt, Personnel Director

## MEDICAL RELEASE TO RETURN TO WORK

### TO BE COMPLETED BY THE EMPLOYEE

Name of MPSD Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Title/ Position: \_\_\_\_\_ School/ Department: \_\_\_\_\_ Employee # \_\_\_\_ \_

### TO BE COMPLETED BY THE PHYSICIAN or PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER

This is to verify that the above named patient, under my care, will be medically able to return to work without restrictions on

Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Medical Practitioner's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Practitioner's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Note: A signature **stamp cannot be accepted.**  
Must be medical practitioner's original signature.

### TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR.

Employee cannot remain at work without this completed form.

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.*

Note: It is the employee's responsibility to ensure that this form is fully completed and submitted to the Personnel Department in a timely manner. Incomplete forms will not be accepted/ processed.

School / Department: \_\_\_\_\_

LOCATION CODE: \_\_\_\_\_

Employee: \_\_\_\_\_ ID#: \_\_\_\_\_ Position: \_\_\_\_\_

Reason(s) for Absence*	Full Days Month/Day, Day/Year	Partial Days mo/dy/yr ½ am/pm	Total Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<p>*Sick Leave/FMLA: Personal/Family Illness; Doctor/Dentist; Death in Family (3 days)</p> <p>*Annual Leave: Vacation for 12 month employees ONLY</p> <p>*Board Approved: Sabbatical Leave; FMLA leave w/o pay Military Duty; Jury Duty; Workers Compensation</p>	<p>*Personal Leave: Up to 2 days charged to sick leave allotment (prior approval required)</p> <p>*Marriage Leave: 3 consecutive days charged to sick leave allotment (letter to the Superintendent 1 month prior to leave)</p> <p>*School Business: Must be approved by appropriate authority and verified under "School Business Approval" below.</p>
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\_\_\_\_\_  
Signature of Absent Employee\_\_\_\_\_  
Date Signed\_\_\_\_\_  
Signature of Principal/Supervisor\_\_\_\_\_  
Date Signed

## School Business Approval

Signature of Principal Making Request: \_\_\_\_\_

Date: \_\_\_\_\_

Workshop/Reason: \_\_\_\_\_ Dates Involved: \_\_\_\_\_

Signature of Approving Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

Substitute Cost per day (Check One): ☐ \$ 55.00/Non-degree ☐ \$65.00/Degree ☐ \$75.00 Certified

Number of Days: \_\_\_\_\_

Charge to Account Number: \_\_\_\_\_

Total Cost: \_\_\_\_\_

## SUBSTITUTE PAY VOUCHER

Substitute Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(If the substitute teacher is a Louisiana certified teacher or approved long-term sub, indicate the 21" consecutive day worked by circling that day below.)

Substituted for Position:	Full Days	Partial Days	Total Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR SUBSTITUTE TEACHERS ONLY: To be completed by Payroll Office. Verification of education must be on file in the Morehouse Parish School Board personnel office to ensure proper compensation.

Check One: ☐ Degree ☐ Non-Degree ☐ Certified Louisiana Teacher\_\_\_\_\_  
Signature of Substitute\_\_\_\_\_  
Principal/Supervisor (original signature/NO Stamp will be accepted)\_\_\_\_\_  
Date