MONROE
CITY SCHOOLS

Packet for Medical or Emergency Leave When Accumulated Sick Days Are Used

All full time employees shall be entitled to a minimum of ten (10) days absence per year because of personal illness or other emergencies without loss of pay. Such leave, when not used, shall be allowed to accumulate to the credit of the employee without limitation.

For every consecutive six (6) days of absence due to personal illness, the employee must present a certificate from a physician justifying the absence. A form for that purpose is included in this packet.

and/or

If the absence involves a major illness requiring an absence 21 or more days the following forms should be submitted to the Human Resource Department prior to taking the leave whenever possible:

1. Have your physician complete the medical certification form. ***This form MUST contain the physician's original signature and cannot be signed by a nurse or a nurse practitioner.***

   You will be notified if a second opinion is required which will be at the expense of the school board.

2. Once your physician says you are medically able to return to work, have him/her complete the Medical Release to Return to Work form and take the completed form to your principal/supervisor upon your return to work.

MONROE CITY SCHOOLS

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

Medical Certification

For use when accumulated sick days are used that have exceeded 6 consecutive days or prior to leaves of 21 days or more using accumulated sick days.

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

Name:_____ Date:_____

Patient Name (if different from Employee):_____
Relationship to Employee:_____

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

2.The probable duration of the condition:_____

3.Appropriate medical facts concerning the condition:

4.The physician may make any additional comments deemed necessary below:

Employee's Signature:

_____

Physician's Name and Address:

_____

_____

_____

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**.

Monroe City Schools
Human Resources

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

(318) 325-0601
FAX: (318)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 Whitney Martin 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:_____

Principals, Please submit the original of this form to the personnel office no later than two (2) days following the employee's return to work.