St. Mary Parish School Board

Sick Leave Procedures

Sick leave **must be applied for** if you are going to be out longer than 5 consecutive days.

On every occasion that an employee uses sick leave, a Physician Statement from a licensed physician certifying that it is a medical necessity shall be presented **prior** to sick leave being taken or upon immediate return to work in emergency situations.

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 the member of the employee's immediate family. Immediate family means spouse, parent, or child.

1. Notify principal or immediate supervisor as early as possible. If principal or immediate supervisor is not notified **prior** to leave being taken, leave may be denied unless an emergency situation prevented prior notification. These forms must be turned in **at least 30 days before leave is to begin.** If a sudden occurrence prohibits 30 days notice, the employee must provide notice no later than ***THREE*** days after the occurrence. These time lines may be adjusted in extraordinary situations if necessary and deemed appropriate by administration.
2. Complete Request for Sick Leave Form and **attach Physicians' Statement Form.** The form must be filled out and completed in its entirety, including the **return-to-work date**. **Failure to provide all necessary completed documentation will result in denial of leave.**
3. Secure signature of the principal or supervisor.
4. Notify the Insurance Department, 337-836-6017, regarding any insurance premiums you may be responsible for during your leave **if unpaid**.
5. You must update Human Resources **once a month** while on leave for an extended period of time.
6. Scan and email the approved forms to **cjennings@stmaryk12.net**.
7. Human Resources Department will approve absence(s) for sick leave **only** when all completed paperwork has been submitted and approved.
8. Leave does not carry over from one school year to the next. 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.
9. If you are unable to return on the date provided, you must provide a new physician statement with the new return to work date ahead of time. Failure to do so may result in unauthorized leave and a dock in pay.
10. Ninety (90) days of extended sick leave in each six-year period of employment may be used for a medical necessity at any time the employee has **no** remaining regular sick leave at the time the extended sick leave is set to begin.
11. **If a leave extension beyond the date given to return is requested, Human Resources must receive updated and completed documentation within three days prior the initial return date. Failure to do so may result in unauthorized leave and a dock in pay.**

****Physician Statement:** A letter on your physician's letterhead stating the need for leave, the reason leave is being requested, and the dates of leave.

I have read and acknowledged the above Sick Leave Procedures. I understand the requirements and responsibilities associated with requesting and using sick leave as outlined in the document. I agree to comply with all necessary protocols, including submission of required forms, documentation, and notification timelines. I understand if I do not comply with all requirements, my leave will be denied.

Employee Signature: _____ Date: _____

St. Mary Parish School Board

Human Resources Department P.O. Box 170
Centerville, LA 70522
337-836-9661
cjennings@stmaryk12.net

REQUEST FOR SICK LEAVE

Directions: Return forms to Human Resources.

Name: _____ Employee ID: _____

Address: _____

_____

Work Phone: _____ Home: _____Cell:_____ Email: _____

Number of Days Requested _____

Begin On: _____ Return to Work: _____

An employee will use all earned and accumulated sick days first. Then, an employee who is eligible and has extended sick leave days available shall be paid **sixty-five percent (65%)** of the salary the employee was being paid at the time the extended sick leave begins.

****Family and Medical Leave** (If eligible, an employee may be provided twelve (12) workweeks of unpaid leave for family and medical reasons. Separate form required. Family Medical Leave shall run concurrently with any paid leave available.

***St. Mary Parish Policy GBRIBA-FMLA

Once you have completed all steps on page 1, please sign below.

_____ _____
Signature of Applicant Date Signature of Principal or Supervisor Date

_____
Signature of Superintendent or Designee Date