

**Richland Parish School Board
Request for Sick Leave**

Date: _____

Sick Leave

Extended Sick Leave

To: Richland Parish School Board
Attn: Personnel
P.O. Box 599
Rayville, LA 71269

From: _____
(Print: Employee Name)

(Address)

(City, State)

(School)

Length of time away from work: _____
(days, weeks, or months)

Specific dates

Estimated dates

I certify that I have read and understand the Richland Parish School Board Policy File GBRIB Sick Leave. I certify that the listed dates accurately reflect the dates of absence from work and that I have reported these dates to the office for processing through payroll. If the date(s) listed are for leave that has not occurred (future leave), I will immediately upon return report to my immediate supervisor any change(s) that will necessitate a change in actual days missed.

Employee Signature

Date

Position

To Be Completed By Physician:

Reason for Requested Leave:

I certify that the above named employee/patient under my care required leave on the above listed dates that were **medically necessary* for the employee/patient, or that the immediate family member's (spouse, child, or parent of an employee) illness was serious and required the presence of the employee.

Printed name / stamp of licensed physician: _____

Signature of licensed physician: _____

Date of signature: _____

**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 member of his/her immediate family.

Ref: RPSB Policy File GBRIB Sick Leave