



HUMAN RESOURCES

3755 Church Street  
Zachary, LA 70791  
225.658.4969  
Fax 225.658.5261  
www.zacharyschools.org

**APPLICATION FOR EXTENDED SICK LEAVE**  
**Certified Employees**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_

Is this injury/illness due to a work-related injury? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Notify Department of Human Resources as soon as possible when decision is made of your exact date of departure so that a suitable replacement can be assigned to your position.

Per L.R.S.17:47(D): 17:1202. and 14:125. Each employee shall be permitted to take up to ninety days of accumulated sick leave in each six-year period of employment. This leave may be used for personal illness or illness of an immediate family member. Each instance of illness must be substantiated with a physician's statement certifying that the leave is medically necessary for the employee, or that his immediate family member's illness is serious and requires the presence of the employee. Granting extended sick leave will reduce your daily rate of pay. You will be paid 65% of the salary paid to you at the time your extended sick leave begins. It is the employee's responsibility to provide a sworn statement before the extension of such leave. Such statements must contain the original physician's signature, and no facsimiles will be accepted.

Description of Illness: (A doctor's certificate must be attached)

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

I have read the attached Extended Sick Leave Policy and understand the conditions set forth therein.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Beginning Date of Leave

\_\_\_\_\_  
Ending Date of Leave

\_\_\_\_\_  
Principal or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

\*The beginning date should be the day after your sick leave is exhausted.



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