

9/14/06

**CADDO PARISH SCHOOL BOARD
CERTIFIED PERSONNEL DEPARTMENT
1961 MIDWAY STREET (P. O. BOX 32000)
SHREVEPORT, LOUISIANA 71108**

CERTIFICATE OF DISABILITY

CURRENT DATE _____

THIS IS TO CERTIFY THAT _____

SOC. SEC. NO. _____ SCHOOL/DEPT _____

WILL BE/WAS CONFINED BY CHILDBIRTH FROM ** _____
Month/Day/Year

TO _____ **If the period of disability requested is more than
Month/Day Year 6 - 8 weeks, an examination by a board-selected
physician may also be required prior to approval.

IT WILL BE/WAS MEDICALLY UNFEASIBLE FOR HER TO PERFORM NORMAL
DUTIES DURING THIS PERIOD.

Physician's Signature

Type or Print Name

Address

City/State/Zip Code

Telephone Number

Please return this form to the Certified Personnel Department