

CADDO PARISH SCHOOL BOARD
Certified/Classified-Human Resources

**Catastrophic Leave
Medical Certification**

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ SSN#: _____

School: _____ Date: _____

Number of Days requested to use Catastrophic Leave: _____ Begin: _____ End: _____

TO BE COMPLETED BY LICENSED PHYSICIAN

In accordance with state law, school employees may use catastrophic leave days for a **medical necessity** of the employee. The statute defines a "medical necessity" as the result of a catastrophic illness or injury, which means a life threatening, chronic, or incapacitating condition.

Please state the life threatening, chronic or incapacitating condition of the employee which prohibits the employee from performing the essential function of his/her job description.

As a licensed physician, please state how this condition limits the employee from performing the duties of his/her job description.

Describe the regimen of treatment to be prescribed indicating the number of visits, general nature and duration of treatment to include referrals to other health care providers.

Does this illness/condition constitute a medical necessity that requires the employee to be absent from work?

Yes _____ No _____

If yes, please indicate the required dates: BEGINNING DATE: _____ ENDING DATE: _____

COMMENTS: _____

ORIGINAL SIGNATURES

Physician's Name: _____ Physician's Signature: _____
(please type or print)

Physician's Phone Number: _____

INSTRUCTIONS FOR LICENSED PHYSICIAN

Return this completed and signed Medical Certification directly to:

or fax directly to: (318) 603-7009-Certified Personnel
(318) 603-6559-Classified Personnel

Caddo Parish Schools
Certified/Classified Personnel
P.O. Box 32000
Shreveport, LA 71130-2000