

EDR 9

**MINISTRY OF EDUCATION
APPLICATION FOR SICK LEAVE AND EXTENDED SICK LEAVE
ED. RULES 78 (12), S.I. 87 of 2012**

- A. Short Term Sick Leave of less than 10 days:** Application form must be completed in **DUPLICATE** and submitted to the Managing Authority, through the Principal, as soon as possible but no later than the third day of such illness.
- B. Extended Sick Leave in excess of 10 days and up to 180 days:** Application form must be completed in **TRIPLICATE** and submitted to the Managing Authority, through the Principal, as soon as possible.

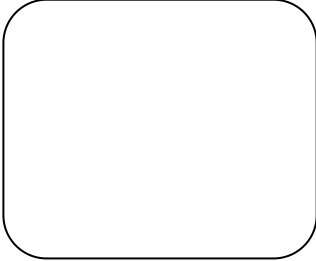
Managing Authority **must** submit application with documentation and recommendation to Commission for approval.

<p><u>Procedures:</u></p> <ol style="list-style-type: none"> 1. Submission of completed form to Principal. 2. Principal verifies particulars as required. 3. Copy of form forwarded to Managing Authority. 4. Managing Authority approves sick leave of less than 10 days and copy sent to TSC Secretariat. 5. Managing Authority informs Principal and Teacher as in 4. Above. 6. For extended sick leave, Managing Authority submits application to Commission with documentation, for approval. <p><u>Verification of Details</u></p> <p>Teacher was absent on day(s) stated:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	A. APPLICANT'S BIOGRAPHICAL DATA					
	1. LICENCE NO.					
	2. NAME					
			<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
	3. PRESENT POST					
	4. SCHOOL					
	5. DISTRICT					
	6. MANAGING AUTHORITY					
	7. Number of day(s) applied for:					
	FROM			TO		
	D	M	Y	D	M	Y
	8. Nature of Illness:					
	B. CERTIFICATION					
	9. (a) Certification for Sick Leave of 1 –2 days:					
I hereby certify that the above information is true and accurate.						
Signature of Applicant				D	M	Y

Medical / Health Practitioner works in this region:

Yes No

PLACE STAMP HERE



PRINCIPAL

Verification of Details

MANAGING AUTHORITY

(b) Certification for Sick Leave of 3 or more days or for any period exceeding **six uncertified** days sick leave: To be completed by a Medical Practitioner or where such services are not obtainable within the time specified, signed by a Health Practitioner or Pharmacist in the region.

I hereby certify that

_____ has been examined by me and I find him/her to be unfit for the execution of duties due to _____ and has, therefore been placed on _____ days sick leave from _____ to _____ (inclusive).
(D/M/Y) (D/M/Y)

Name of medical practitioner (print)

District

Signature of Medical Practitioner

D

M

Y

FOR OFFICE USE

Application Received:

D	M	Y

By:

Signature

Completed

D	M	Y

By:

Signature

Application Received:

D	M	Y

By:

Signature

Leave Granted:

_____ days Certified by Teacher

_____ days Certified by Medical / Health Practitioner

Copy of application form returned to Principal

Signature

D

M

Y

MANAGING AUTHORITY	<i>FOR OFFICE USE: EXTENDED SICK LEAVE</i>				
	Application Received:			By:	
		D	M	Y	
	Completed			Signature	
	Verification of Details			By:	
		D	M	Y	
				Signature	
	TEACHING SERVICE COMMISSION	Application Received:			By:
			D	M	Y
				Signature	
	Leave Approved:				
	<input type="checkbox"/>			days Certified by Teacher	
	<input type="checkbox"/>			days Certified by Medical / Health Practitioner	
	<input type="checkbox"/>	Copy of application form returned to Managing Authority			
	<input type="checkbox"/>	Sick Leave up to 180 days approved with full pay			
	<input type="checkbox"/>	Replacement Teacher Approved			
	Signature	D	M	Y	
MANAGING AUTHORITY	<i>FOR OFFICE USE: EXTENDED SICK LEAVE BEYOND 180 DAYS</i>				
	Application Received:			By:	
		D	M	Y	
	Completed			Signature	
	Verification of Details			By:	
		D	M	Y	
				Signature	
	TEACHING SERVICE COMMISSION	Application Received:			By:
			D	M	Y
				Signature	
	Commission requests Medical Board report				
	Medical Board report submitted indicating need for further leave: Full Recovery Probable.				
		D	M	Y	
	Leave Approved:				
	<input type="checkbox"/>			days Certified by Teacher	
	<input type="checkbox"/>			days Certified by Medical Board	

<u>TEACHING SERVICE COMMISSION</u>	<input type="checkbox"/>	Copy of application form returned to Managing Authority			
	<input type="checkbox"/>	Further Sick Leave up to 180 days approved with half pay			
	<input type="checkbox"/>	Replacement Teacher Approved			
	Signature		D	M	Y

	<i>FOR OFFICE USE: EXTENDED SICK LEAVE BEYOND 180 DAYS</i>				
<u>MANAGING AUTHORITY</u> Verification of Details	Application Received:				By:
		D	M	Y	Signature
	Completed				By:
		D	M	Y	Signature
<u>TEACHING SERVICE COMMISSION</u>	Application Received:				By:
		D	M	Y	Signature
	Commission requests Medical Board report				
	D M Y				
	Medical Board report submitted indicating need for further leave: Full Recovery not Probable.				
	D M Y				
	Commission requests Director of Medical Services Medical Board To determine fitness to continue in the teaching service.				
<input type="checkbox"/>	Teacher medically unfit to continue in the teaching service.				
<input type="checkbox"/>	Commission recommends retirement on Medical grounds.				

<u>TEACHING SERVICE COMMISSION</u>	<input type="checkbox"/>	Copy of application form returned to Managing Authority.			
	<input type="checkbox"/>	Further Sick Leave up to 180 days denied.			
	<input type="checkbox"/>	Replacement Teacher Approved.			
	Signature		D	M	Y