



JAMESTOWN PUBLIC SCHOOLS



Physician's Certificate

In my professional opinion, _____, who has been my patient for the term of (his/her) illness, was disabled due to: _____

and unable to work from _____, 20__ to _____, 20__.

Dated this _____ day of _____, 20__.

Physician's Signature
(or attach Dr's Orders)

*Physician's signature required after four (4) consecutive days of absence.

****Sick Leave****

Professional:

The Jamestown Schools provide sick leave of a maximum of ten days per year, accumulative to 130 days. The School Board may request a medical examination if excessive absence occurs.

Ancillary:

Employees earn one day (based on hours reflected on letter of employment) per month, accumulating to 960 hours. The District Administrator may request a medical examination if excessive absence occurs.

When paid leave is for FMLA (Family and Medical Leave Act) purposes, the paid leave must be taken first and will be counted as part of the FMLA leave.