

# Cohoes City School District

Administration Center

Personnel Office

7 Bevan Street

Cohoes, New York 12047

Phone: (518) 237-0100

Telefax: (518) 237-2912

## CPA Serious Family Illness Request

<i>(To be completed by employee)</i> Employee Name:
Department:
Dates out of work (Total): From: To:
Ill family member name (must be living in same household):
<i>(To be completed by treating physician)</i>  Date of last evaluation:
<del>Date of next evaluation:</del>
Description of illness:
Physicians name (please print):
Physician Signature:
Address:
Phone number:

*Employee's signature/date:* \_\_\_\_\_

*Superintendent's approving signature/date:* \_\_\_\_\_

According to the CPA contract: Each principal shall be allowed a maximum of fifteen (15) days of leave with full pay during each school year because of serious illness in the principal's immediate family in the same household; provided, however, such principal has used fifteen (15) of the principal's accumulated sick leave days immediately prior to being granted days under this provision. The fifteen (15) days granted hereunder shall not be cumulative and shall not be charged against sick leave allowance or deducted from accumulated sick leave.

A principal shall be granted an extended sick leave without pay for up to one (1) year for the purpose of caring for a seriously ill member of the teacher's family or a seriously ill nearest relative. The Board may also grant additional leave without pay for this purpose.

**ATTN:** Please forward this request to the office of the Superintendent. A copy will be returned to you.