

Cohoes City School District

Administration Center

Personnel Office

7 Bevan Street

Cohoes, New York 12047

Phone: (518) 237-0100

Telefax: (518) 237-2912

CSEA 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:
Date of next evaluation:
Description of illness:
Physicians name (please print):
Physician Signature:
Address:
Phone number:

Employee's signature/date: _____

Superintendent's approving signature/date: _____

According to the CSEA contract, employees shall be allowed a maximum of ten (10) days of leave with full pay during each school year because of serious illness in his/her immediate family in the same household; provided, however, such teacher has used ten (10) of his/her accumulated sick leave days under this provision. The ten (10) days granted hereunder shall not be charged against sick leave allowance or deducted from accumulated sick leave.

An employee shall be granted an extended sick leave without pay up to one (1) year for the purpose of caring for a serious ill member of his/her 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.