

**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.

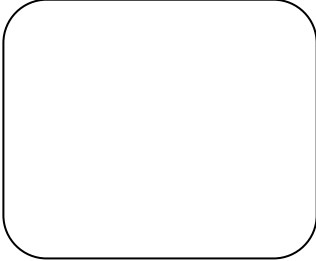
Managing Authority **must** submit application with documentation and recommendation to Commission for approval.

<p><b><u>Procedures:</u></b></p> <ol style="list-style-type: none"> <li>Submission of completed form to Principal.</li> <li>Principal verifies particulars as required.</li> <li>Copy of form forwarded to Managing Authority.</li> <li>Managing Authority approves sick leave of less than 10 days and copy sent to TSC Secretariat.</li> <li>Managing Authority informs Principal and Teacher as in 4. Above.</li> <li>For extended sick leave, Managing Authority submits application to Commission with documentation, for approval.</li> </ol> <p><b><u>Verification of Details</u></b></p> <p>Teacher was absent on day(s) stated:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<b>A. APPLICANT'S BIOGRAPHICAL DATA</b>					
	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>B. CERTIFICATION</b>					
	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
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**FOR OFFICE USE**

Application Received:				By:
	D	M	Y	Signature

Completed				By:
	D	M	Y	Signature

Application Received:				By:
	D	M	Y	Signature

Leave Granted:

<input type="checkbox"/>	_____ days Certified by Teacher
<input type="checkbox"/>	_____ days Certified by Medical / Health Practitioner

Copy of application form returned to Principal

Signature	D	M	Y
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<b>MANAGING AUTHORITY</b>	<i>FOR OFFICE USE: EXTENDED SICK LEAVE</i>				
	Application Received:			By:	
		D	M	Y	Signature
	Completed			By:	
		D	M	Y	Signature
	<b>TEACHING SERVICE COMMISSION</b>				
	Application Received:			By:	
		D	M	Y	Signature
	Leave Approved:				
	<input type="checkbox"/>	<input type="text"/>	days Certified by Teacher		
<input type="checkbox"/>	<input type="text"/>	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	
<b>MANAGING AUTHORITY</b>	<i>FOR OFFICE USE: EXTENDED SICK LEAVE BEYOND 180 DAYS</i>				
	Application Received:			By:	
		D	M	Y	Signature
	Completed			By:	
		D	M	Y	Signature
	<b>TEACHING SERVICE COMMISSION</b>				
	Application Received:			By:	
		D	M	Y	Signature
	Commission requests Medical Board report				
	Medical Board report submitted indicating need for further leave: <b>Full Recovery Probable.</b>				
		D	M	Y	
Leave Approved:					
<input type="checkbox"/>	<input type="text"/>	days Certified by Teacher			
<input type="checkbox"/>	<input type="text"/>	days Certified by Medical Board			

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

<i>FOR OFFICE USE: EXTENDED SICK LEAVE BEYOND 180 DAYS</i>					
<b><u>MANAGING AUTHORITY</u></b>	Application Received:				By:
		D	M	Y	Signature
	Completed				By:
		D	M	Y	Signature
<b><u>TEACHING SERVICE COMMISSION</u></b>	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 <b>not Probable.</b>				
	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.				

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