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 <u>DUPLICATE</u> 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 <u>TRIPLICATE</u> 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.

Pro	ocedures:										
1.	Submission of	A. APPLICANT'S BIOGRAPHICAL DATA									
	completed form to	LICENCE NO.									
	Principal.										
2.	Principal verifies	2. NAME									
	particulars as				F: (A)						
2	required.			Last Name	First Name		Mic	ldle Na	me		
3.	Copy of form forwarded to	3.	PRESE POST	NI							
	Managing Authority.	4.									
4.		٦.	4. SUNUUL								
7.	approves sick leave	5. DISTRICT									
	of less than 10 days										
	and copy sent to	-	NANIAC	SINIC							
	TSC Secretariat.	6. MANAGING AUTHORITY									
5.	Managing Authority	7.			s) applied for:						
	informs Principal and			, ,	, 11						
	Teacher as in 4.			FROM	1	TO					
_	Above.										
6.	For extended sick										
	leave, Managing										
	Authority submits application to)	M	Υ	D	М		Υ		
	Commission with										
	documentation, for										
	approval.										
	αρριοναι.	8.	Nature	of Illness		· I					
		0.	Nature	01 1111033	•						
		В.	CERTIF	ICATION							
		9.	(a) Cei	rtification	for Sick Leave	of 1 -2 days					
		,									
Verification of Details		I hereby certify that the above information is true and accurate.									
Teacher was absent on day(s) stated:											
	Yes No										
				Signa	ature of Applica	ant		D	М	Υ	
								1			

Medical / Health Practitioner works in this region: Yes No	(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.									
PLACE STAMP HERE	I hereby certify that									
	has been examined by me and I find him/her to be unfit for the execution of duties due to									
									rom	
	and has, therefore been placed on days sick leave from to (inclusive). (D/M/Y) (D/M/Y)									
	(D/M/Y)	"			(D/N	Л/Y)	_ (111010	10110).		
	Name of medical practitioner (print)									
	District									
	Signature of Medical Practitioner D M Y								Υ	
	FOR OFFICE USE									
PRINCIPAL	Application Receive	ed:				By:				
			D	М	Υ		Signature			
Verification of Details	Completed By:									
MANACING AUTUODITY	D M Y Signature							ure		
MANAGING AUTHORITY	Application Receive	ed:				Ву:				
			D	М	Υ	5	Signat	ure		
	Leave Granted:									
	days Certified by Tea						Teach	ner		
	days Certified by Medical / Health Practitioner							itioner		
	☐ Copy of application form returned to Principal									
	Signature D M Y									

	FOR OFFICE USE: EXTENDED SICK LEAVE										
MANAGING	Application Received:				Ву:						
AUTHORITY											
N 16 11 15 11			D	М	Υ		Signatu	re			
Verification of Details	Completed					By:					
				М	Υ		Signatu	re			
TEACUNO CEDVICE	Application Descived	i	1	1	Dv.						
TEACHING SERVICE COMMISSION						By:	<u> </u>				
	Leave Approved:	D	M	Υ		Signatu	r e				
	Leave Approved.										
						days Certified by Teacher					
]						
		L]						
		Con	s Certif	ried by	Medica	al / Health Find to Note to No	² ractitio ∕lanagir	ner	ority		
									Office		
				-	180 days approved with full pay						
		Rep	laceme	ent Lea	icher A	pproved	1		T		
		S	ignatu	re			D	М	Υ		
	FOR OFFICE USE: EXTENDED SICK LEAVE BEYOND 180 DAYS										
MANAGING AUTHORITY	Application Received:					Ву:					
MANAGING ACTIONITY			D	М	Υ	9	Signature				
Verification of Details	Completed			141		By:	Jigi lata				
		D	M	Υ		Signatu	re				
TEACHING SERVICE COMMISSION	Application Received:					By:					
			D	M	Υ		Signatu	re			
	Commission requests Medical Board report										
	Medical Board report submitted indicating need for further leave: Full Recovery Probable. D M										
									Υ		
	Leave Approved:							101	<u> </u>		
	days Certi						Certified	ïed by Teacher			
	days Certified by Medie						edical	Board			

TEACHING SERVICE COMMISSION		Copy of application form returned to Managing Authority								
		Further Sick Leave up to 180 days approved with half pay								
		Replacement Teacher Approved								
		S	ignatu	re			D	М	Υ	
	T									
	FOR OFFICE USE.	EXT	ENDED	SICK	LEAVI	E BEYOND 18	80 DAY	S		
MANAGING AUTHORITY	Application Recei	ved:				Ву:				
			D	М	Υ	S	ignatu	re		
Verification of Details	Completed By					Ву:				
		D	М	Υ	Signature					
					1	† _				
TEACHING SERVICE COMMISSION	Application Recei	ved:				Ву:				
1			D	М	Υ		ignatu	re		
	Commission requests Medical Board report									
		D M Y								
		oard report submitted indicating need for further leave: very not Probable.								
	Commission requi	D M Y								
	To determine fitne	quests Director of Medical Services Medical Board ness to continue in the teaching service.								
		Teacher medically unfit to continue in the teaching service.								
		Commission recommends retirement on Medical grounds.								
<u> </u>		1 .								
TEACHING SERVICE COMMISSION		Copy of application form returned to Managing Authority.								
						to 180 days	denie	ed.	•	
		Rep	olacem	nent Te	eache	r Approved.	1	1	1	
	Signature D M Y									