CITY SCHOOL DISTRICT

ROCHESTER, NEW YORK 14614

CERTIFICATE OF PERSONAL ILLNESS (CPI)

☐ Teacher Absence ☐ Civil Service Absence

Name: _____ **Date of Application:** _____
(Print) Last Name First Initial

Position or Assignment: _____ **School or Department:** _____

PART I - EMPLOYEE'S CERTIFICATE

To be used for illness of more than three days or at the request of Administrator, in accordance with contractual language (excluding RTA).

I hereby certify that I was absent from my duties beginning from _____ through _____
Month Day Year Month Day Year

AM OR PM OR BOTH	1st Payroll Week					2nd Payroll Week				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

A total absence of _____ days due to _____

Employee Signature : _____ **Address:** _____

Principal/ Supervisor Signature: _____ **Date:** _____

PART II - PHYSICIAN'S CERTIFICATE

As a duly licensed physician, I certify that between the dates _____ and _____ the above -mentioned person was medically incapacitated for school duties and was seen and treated by me on the following date(s):

_____

State the nature and extent of the illness: _____

This patient may return to work on: _____

Are days absent from work the result of a Workers' Compensation injury sustained during the course of employment?
YES ☐ NO ☐ If Yes, forward a copy of this form to the Benefits Department.

Signature of Physician: _____ MD **Date:** _____

Address: _____

This form should be maintained at the Building/Department Level, per HIPAA guidelines.

NB (CPI Form)

Revised 07/06