APPLICATION FOR TEMPORARY DISABILITY LEAVE

Lackland Independent School District

In accordance with Board Policy DEC Local, any full-time employee whose position requires educator certification by the State Board for Educator Certification or by the District shall be eligible for temporary disability leave. An eligible employee shall be granted no more than one period of temporary disability leave in a school year. The maximum length of temporary disability leave shall be 180 calendar days. [See DBB(LOCAL) for temporary disability leave placement and DEC(LEGAL) for return to active duty.]

Please state a brief description and reason for requesting the Temporary Disability Leave, and attached a medical certification:

_____

Anticipated return date: _____

I have read carefully and fully understand the rules for temporary disability leave and my request is made in accordance with such rules.

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SIGNATURE OF EMPLOYEE	ASSIGNMENT	DATE
_____	_____	_____
PRINT NAME	STREET ADDRESS	CITY/ ZIP CODE

This application should be completed and given to the Superintendent.

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SUPERINTENDENT USE ONLY

This request for temporary disability leave is ( ) approved or ( ) not approved. Effective date: _____

_____
SUPERINTENDENT

Posted by District Only

Pay date	Day	Date	Time of Abs	Code		Code	Units	Initials