# Employee Request for Temporary Disability Leave
# Lake Travis Independent School District

*Please complete the following information addressed to the Superintendent and return to the Office of Business Services.*

1. Date:

2. Employee name:

3. Work extension: Best telephone number after hours:

4. Position:

5. Campus or Department:

6. Supervisor's name:

7. I am requesting a temporary disability leave due to:

8. Reason:

- ☐ Illness (Temporary Disability)
- ☐ Injury (Temporary Disability)
- ☐ Pregnancy (Temporary Disability)

9. Proposed date for leave to begin:

10. Proposed date for leave to end:

11. Medical provider and contact information:

12. A physician's statement or other required documentation confirming the inability to work or justification for the leave, including the confirmed anticipated leave dates, is attached. (This certification is required and must be attached before the leave can be considered.)

Employee Signature: Date:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.