PEARLAND INDEPENDENT SCHOOL DISTRICT
1928 N. Main Street
Pearland, TX
281-485-3203

TEMPORARY DISABILITY LEAVE (NON-CERTIFIED)

GENERAL INFORMATION

TEMPORARY DISABILITY LEAVE (TDL)

After all available paid leave has been exhausted, an employee in a position for which educator certification is not required shall be eligible for unpaid local temporary disability leave. The maximum length of a local temporary disability leave shall be **60 calendar days**. When requesting local TDL (Non-Certified), an employee shall submit to the Superintendent or designee the same information required for TDL that is addressed in state law. The employment of the employee may not be terminated while the employee is on a leave of absence for temporary disability.

However, the District can post and fill the employee's position while the employee is on TDL. For purposes of temporary disability leave, pregnancy is considered a temporary disability. If the employee is also eligible for FML, then TDL will be applied and run concurrent with FML.

EMPLOYEE REQUEST FOR LEAVE

The following must be completed to request TDL:

- Request for Leave form (online)
- TDL Medical Certification Form, along with job description – (given by Benefits Team)
- TDL Form (*In lieu of Letter Addressed to the Superintendent) – (given by Benefits Team)

*(Employees must request approval for TDL by submitting a letter to the Benefits Office. The letter should be addressed to Larry Berger, Superintendent, and must include reason(s) for the leave and the date requested by the educator for the leave to begin. The leave request must be accompanied by a physician's statement confirming the employee's inability to work and estimating a probable date of return.)

If disability leave is approved, the length of leave is for no longer than **60 calendar days**.
If disability is not approved, the employee must return to work or be subject to termination procedures. If an employee is placed on temporary disability leave involuntarily, he or she may protest the action by presenting evidence of fitness to work.

The health care provider's letter and the employee's letter must have the same dates for the requested leave of absence. Temporary Disability (Non-Certified) can be requested only for the employee's illness. If the educator is eligible for FML, then TDL would also apply, and run concurrent with TDL. Temporary Disability should be requested only if the employee will be out full-time for more than five consecutive workdays..

PLACEMENT

An employee returning to active duty after a leave of absence for TDL is entitled
to an assignment at the location where the employee formerly was assigned, subject to the availability of an appropriate position. If no position is available, a supervisor at another location may voluntarily approve the appointment of an employee who wishes to return from leave of absence. However, if no other supervisor approves the assignment by the beginning of the next school year, the District must place the employee at the location where the employee was formerly assigned.

RETURN TO WORK

Board Policy DEC (Local) and Texas Education Code 21.409 Leave of Absence for Temporary Disability, "The employee must notify the superintendent of the desire to return to active duty no later than the 30th day before the expected date of return."
When an employee is able to return to work, it is the employee's responsibility to deliver a health care provider release to the Benefits Office. This must be an ***original*** release signed by the doctor stating the return-to-work date and

restrictions status as well as list any restrictions. The Benefits Office will review and determine if the employee is eligible to return to work. If it is determined you can return to work, the employee will be given a *Return-to-Work Notice*. The notice will also be forwarded to the supervisor. All employees must report to the Benefits Office and receive a *Return-to-Work Notice* prior to returning to his/her campus or department. If an employee does not report to the Benefits Office, the employee will not be active in payroll and will not receive a check. The district does not consider an employee returned to work unless the employee is approved through human resource services.

CERTIFICATION OF HEALTH CARE PROVIDER [COMPLETED BY LICENSED HEALTH CARE PROVIDER]

Healthcare providers are defined as a Doctor of Medicine who is authorized to practice medicine or surgery. A health care provider does include others who are authorized to practice (e.g. podiatrists, clinical psychologists, optometrists, chiropractors, and Christian Science Practitioners). Board policy DEC (LEGAL) fully lists all acceptable practitioners or you may contact the human resource services for further assistance.

When the leave is foreseeable and at least 30 days' notice has been provided, the employee should provide the medical certification before the leave begins. If this is not possible, the employee must provide the requested certification to the employer within 7 calendar days from the date of the employer's request, unless it is not practicable under the particular circumstances to do so despite the employee's diligent, good faith efforts. Pearland ISD reserves the right to request medical certification of the illness or disability by a health care provider at 30 days intervals when an employee is out on TDL for the employee's serious health condition.

USE OF LEAVE DESIGNATION FORM

TDL is an unpaid leave. However, the District requires the use of all applicable accumulated leave while out on TDL. Employees now have a choice about how leave will be used. Select the order in which earned leave will be taken during your absence, and decide on the number of days per category to be charged to your leave balances.
Failure to designate the order will result in leave being charged as follows:

1) Comp Time
2) State Sick Leave.
3) State Personal Leave.
4) Local Leave.
5) Vacation/Non-Duty Days

CONTINUATION OF BENEFITS

The district shall continue to provide its portion of the employee's health insurance premiums for the approved period of time. Once paychecks cease, the employee shall submit payments for his/her portion of all health insurance coverage to the District. You should receive information from Payroll indicating what your last paycheck will be while on leave. If enrolled in TRS Active Care medical plan you are also responsible for paying the District monthly contribution of $337. Premiums are due to the District by the 1st of each month. Payment of premiums can be submitted to the District at the address given below.

Pearland ISD
Attn. Benefits Office
1928 N. Main
Pearland, Texas 77581

For Benefits inquiries:
Employee Benefits Specialist, Human Resource Services, Carrie Bañuelos
benefits@pearlandisd.org. | 281.485.3203| |281.412.1540 (F)
For Payroll inquiries:
Payroll Manager, Christine Coleman
payroll@pearlandisd.org |281.485.3203

DEFINITIONS

"Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. **Hospital Care** Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity2 or subsequent treatment in connection with or consequent to such inpatient care.
2. **Absence Plus Treatment**
    a. A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity2 relating to the same condition), that also involves:
        i. Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) under orders of, or on referral by, a health care provider; or
        ii. Treatment by a health care provider on at least one occasion results in a regimen of continuing treatment under the supervision of the health care provider.
3. **Pregnancy** Any period of incapacity due to pregnancy.
4. **Chronic Conditions Requiring Treatment** A chronic condition which:
        i. Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider:
        ii. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
        iii. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc).
5. **Permanent/Long-term Conditions Requiring Supervision** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
6. **Multiple Treatments (Non-Chronic Conditions)** Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc), severe arthritis (physical therapy), kidney disease (dialysis).