

JOSHUA INDEPENDENT SCHOOL DISTRICT

Temporary Disability Leave Request

A request for a leave of absence for temporary disability must be made to a superintendent. The request must: 1. Be accompanied by a physician's statement confirming inability to work; 2. State the date requested by the educator for the leave to begin; and 3. State the probable date of return as certified by the physician.

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. 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.] The District shall require the employee to use temporary disability leave and paid leave concurrently with FMLA leave. [See DEC(LOCAL)]

Employee Name	<input type="text"/>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address	<input type="text"/>			
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Phone #	<input type="text"/>	Campus/Department	<input type="text"/>	
Position	<input type="text"/>	Principal/Supervisor	<input type="text"/>	

Please briefly explain your reason(s) for requesting temporary disability.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

TDL Effective Date: _____

TDL Return Date: _____

Employee's Signature _____ Date _____

Accepted by Superintendent _____ Date _____