

Coldspring-Oakhurst CISD

Employee Request for Temporary Disability Leave

1. Name of Employee (Last, First, MI)	2. Employee's Position & Dept/School
---------------------------------------	--------------------------------------

3. Reason for requested leave:

- ☐ a) Birth of a son or daughter of the employee and to care for such son or daughter.
- ☐ b) Placement of a son or daughter with employee for adoption or foster care.
- ☐ c) To care for spouse, child, or parent with a serious health condition
- ☐ d) Employee's own serious health condition that makes him/her unable to perform job functions.

4. If "c", please check one. ☐ Spouse ☐ Child ☐ Parent	5. If "c", state name and address of relation: Spouse Name: _____ Relation: _____
6. Date on which you wish to start leave _____	7. Date of anticipated return to work _____
8. Are you requesting leave on intermittent or reduced leave schedule? ☐ Yes ☐ No	9. If "yes", please give schedule of when you will be unavailable for work. _____
<p>An employee seeking leave because of reason "3(c)" or "3 (d)" above must provide medical certification within 15 days or as soon as practicable.</p> <p>An employee seeking to return to work after a leave because of his or her own serious illness (reason 3d.) also must provide a medical certification of ability to perform job duties before being allowed to resume work.</p>	

I hereby agree that while I am on leave, I am responsible for paying the full cost of any insurance benefits I have elected to receive, including the District portion of my health insurance. If I am unable to return to work because of a serious health condition, I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expires, with an estimated date of when I may return to work. I understand that I may not be permitted to resume my position with the District until I provide medical certification, as appropriate.

Employee Signature: _____ Date: _____

Completed form needs to be given to HR and the Superintendent.