

PALESTINE INDEPENDENT SCHOOL DISTRICT

REQUEST FOR TEMPORARY DISABILITY LEAVE

I, _____, AM REQUESTING A TEMPORARY DISABILITY
LEAVE TO BEGIN _____ AND END _____

I AM A FULL-TIME CERTIFIED EMPLOYEE WORKING AS A _____
Occupation

AT _____
Campus/Site

THE PURPOSE FOR THIS REQUEST IS:

I HAVE READ POLICY DEC (LEGAL) AND (LOCAL) AND UNDERSTAND THE
INFORMATION CONCERNING LEAVE OF ABSENCE FOR TEMPORARY DISABILITY.

ATTACHED YOU WILL FIND MY DOCTOR'S CERTIFICATION OF INABILITY TO WORK
DURING THE PERIOD OF TIME INDICATED ABOVE.

EMPLOYEE SIGNATURE

DATE

SOCIAL SECURITY NUMBER