

**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