

COLDSRING – OAKHURST CISD
EMPLOYEE REQUEST FOR TEMPORARY DISABILITY LEAVE

Type or Print

1. Name of Employee (First, Middle Initial, Last) _____	2. Employee’s Position _____
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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. Because of employee’s own serious health condition that makes him/her unable to perform job functions.

4. If “c”, please check one. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	5. If “c”, state name and address of relation Name: _____ Relation: _____
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6. Date on which you wish to commence leave. _____	7. Date of anticipated return to work. _____
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8. Are you requesting leave on an intermittent or reduced leave schedule ? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. If “yes”, please give schedule of when you anticipate you will be unavailable for work. _____
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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.

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.

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.

Signed: _____

Dated: _____

After completing return to: Superintendent Jerry Gibson