

## Temporary Disability Leave Worksheet

### Comal Independent School District Personnel Services Office

NAME: \_\_\_\_\_

Hire Date: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJ: Temporary Disability Leave

The Family Medical Leave Act (FMLA) allows up to twelve working weeks of unpaid leave in a 12-month period for the reasons listed above for eligible employees and under the certification of a health care provider. To be considered an "eligible employee", you must have worked for Comal Independent School District (CISD) for at least one year and for 1,250 hours of actual on-the-job duty during the previous twelve-month period preceding your leave. This letter is to inform you that, as of this date:

Based on the above information, you are not eligible for Family Medical Leave. The reason for the ineligibility is:

Employed less than 12 months

Worked less than 1,250 hours in previous 12-month period

You will be required to furnish medical certification of a serious health condition. You must furnish this certification within two (2) weeks of receiving this notification.

1. Is the employee employed in a position that is eligible for temporary disability leave?

Yes

No

2. Is the employee's own illness the reason for leave?

Yes

No

3. Has the employee requested temporary disability leave or been placed on leave involuntarily?

Yes

No

**Is the employee eligible for temporary disability leave?**

**Yes**

**No**

(Note: You must answer yes to questions 1-3 for the employee to be eligible for temporary disability leave.)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Position/Campus

\_\_\_\_\_  
S. S. Number

