

Medford Area Public School District

Anticipated Temporary Disability Form

A request for a leave of absence where the professional staff member anticipates a period of temporary disability shall be made, in writing, as soon as possible after the condition becomes known to the professional staff member. Such request shall be submitted to the principal and directed to the district administrator. The leave request shall include a tentative date upon which the leave is to begin, a tentative date upon which the leave is to terminate, and a physician's statement certifying the disability and tentative leave dates. The Board reserves the right to establish the leave commencement and/or termination dates to coincide with the start and/or finish of a semester. The professional staff member will not lose salary or benefits due to this Board determined leave modification. The physician's certification shall be provided at other than the Board's expense. A leave of absence under this section shall be paid sick leave, charged against cumulative sick leave for the period of disability only.

NOTE: This leave will be charged to any available leave under the Family Medical Leave Act entitlement.

Form with sections: WHEN COMPLETED THIS FORM SHOULD BE TURNED IN TO YOUR BUILDING PRINCIPAL (Employee Name); TO BE COMPLETED BY PHYSICIAN (This certifies that the above named person will be temporarily disabled for the following medical reasons:); The tentative date for the disability leave to begin is:; The tentative date for the disability leave to end is:; Physician's signature:; Date:

For Office Use Only
[] Approved [] Approved
[] Disapproved [] Disapproved
Principal Date District Administrator Date