



ALVIN ISD Human Resources  
301 East House Street  
Alvin, TX 77511

[www.alvin.isd.net](http://www.alvin.isd.net)

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

TO: \_\_\_\_\_

FROM: Erin Seymour, Leaves & Absence Specialist

SUBJECT: **Temporary Disability Leave**

On \_\_\_\_\_, we became aware of your need to take leave for:

- a serious health condition that makes you unable to perform the essential functions of your job

Leave to begin on \_\_\_\_\_ Probable return date \_\_\_\_\_

180 leave days expire on\_\_\_\_\_.

This is to inform you that you have exhausted your FMLA or that you do not qualify for FMLA and will be placed on Temporary Disability Leave. **Temporary Disability** provides full-time educators (including instructional aides) 180 calendar days of unpaid leave for personal illness or disability including pregnancy. You will be required to use all applicable and available paid leave concurrently with the Temporary Disability Leave.

An employee taking an approved temporary disability may continue coverage with Alvin ISD’s group insurance plans by paying his/her premiums directly to the Insurance Office during that period. **Payments must be made by the 5<sup>th</sup> of each month.** It is the employee’s responsibility to see that these payments are made timely. Failure to make timely payments could result in termination of insurance benefits.

You **will be required** to furnish medical certification of a serious health condition. You must furnish this certification by \_\_\_\_\_.

You **will be required** to present a fitness-for-duty certificate prior to being restored to employment.

- Please return forms to Erin Seymour 281.245.2331 [eseymour@alvinisd.net](mailto:eseymour@alvinisd.net)

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**HUMAN RESOURCES**

This request approved/denied: \_\_\_\_\_ Date: \_\_\_\_\_  
(HR Administrator)

Reason for denial of request: \_\_\_\_\_



ALVIN INDEPENDENT SCHOOL DISTRICT

**301 E. House St.      Alvin, Texas 77511**  
**281-388-1130          281-585-8352 (fax)**

**TEMPORARY DISABILITY LEAVE**

**Employee portion to complete:**

**Employee's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Employees campus/department:** \_\_\_\_\_

**Employee's position:** \_\_\_\_\_

**Reason for leave:**

- a serious health condition that makes you unable to perform the essential functions of your job

**Date leave to commence:** \_\_\_\_\_

**Date of anticipated return to work:** \_\_\_\_\_

**You will be required to furnish a medical statement (see attached form) no later than**  
\_\_\_\_\_.

\_\_\_\_\_  
**Employee Signature / Date**

**Employee will be required to furnish a release to work with no restrictions prior to being restored to employment.**

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**301 E. House St.  
281-245-2331**

**Alvin, Texas 77511  
281-585-8352 (fax)**

**TEMPORARY DISABILITY LEAVE**

**Doctor – medical certification form**

**Patient's name** \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date leave to commence:** \_\_\_\_\_

**Probable duration of condition:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician / Date**

**Employee will be required to furnish a release to work prior to being restored to employment.**

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