

PROFESSIONAL STAFF LEAVES AND ABSENCES
(Agreement to Repay Temporary Total Disability Award)

I, _____, am applying for Leave Bank days from the Temporary Disability Leave Bank, due to an injury that I believe is work-related and that prevents me from performing my job. I have applied for Temporary Total Disability (TTD) benefits through the Workers' Compensation system, but have been denied TTD benefits. The district has denied my claim for TTD benefits under the Workers' Compensation system. As a condition of receiving Leave Bank days from the Temporary Disability Leave Bank, I hereby agree that if I receive payment of TTD benefits in the future, I will repay a portion of the Leave Bank days I received equivalent to the TTD benefits awarded. I understand that this repayment obligation will count toward, but not replace, the general repayment provisions set forth in paragraph 10 of the Temporary Disability Leave Bank policy.

Signature of Applicant: _____

Printed Name of Applicant: _____ Date: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 05/20/2008

Revised: 03/24/2011

Hillsboro R-III School District, Hillsboro, Missouri