



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 PO Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-6366
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org

Form 12A (11/18)

08-12A

**For
 employer
 use only**

Disability Report by Supervisor

Print in ink or type all entries except signatures. This form must be completed by the employee's immediate supervisor. A copy of the employee's official job description must accompany this report when submitted to the Teachers' Retirement System of Louisiana (TRSL). All responses to information requested should be complete and made to the best of your knowledge and ability. If additional space is required, you may use the reverse side or attach additional sheets.

Applicant's name: Last, first, MI, suffix (Jr., III, etc.)	Applicant's Social Security number
Title of position	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. Do you have any specific knowledge of the cause of the disabling condition? Yes No If yes, please describe.

2. In your opinion, when did the disabling condition begin to affect the applicant's performance of job duties? _____
 Month / day / year

3. Specifically list the duties stated in the attached official job description that the applicant can no longer perform because of the disabling condition.

4. Specifically list duties under your supervision that the applicant can still perform.

5. Describe efforts made by your agency to place this applicant in another position.

6. Did this applicant have any physical or medical handicap upon employment? Yes No If yes, briefly describe each.

7. How many days of sick leave has this applicant taken since the onset of this disabling condition? _____

8. Was this an increase in the use of sick leave? Yes No If yes, please explain.

9. Is this applicant currently receiving or has he or she ever received Workers' Compensation benefits? Yes No
 If yes, are they receiving this benefit due to the disabling condition? Yes No

Supervisor's name (print in ink or type)	Title
Supervisor's signature (do not print or type)	Date signed (mm-dd-yyyy)