



Disability Report by Supervisor

(Form 12A) — FOR EMPLOYER USE ONLY

08-12A
rev. 01/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-6366

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 TRSL. All responses to requested information should be complete and made to the best of your knowledge and ability. If additional space is required, please use the reverse side or attach additional sheets.

Section 1 - Employee information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Title of position	

Section 2 - Employee disabling condition

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? (mm/dd/yyyy) _____
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 the 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 ever received Workers' Compensation benefits? Yes No
If yes, is the applicant receiving this benefit due to the disabling condition? Yes No

Section 3 Supervisor signature

Supervisor's name (PRINT IN INK OR TYPE)	Title
Supervisor's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)