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Whenever a TRSL-covered employee applies for disability retirement, the employer(s) will be responsible for providing information and certifications TRSL needs to process the member's application and, if approved, to promptly and accurately compute the applicant's disability retirement benefits. This index has been created to assist employers and provide instructions whenever an employee submits an application for TRSL disability retirement.

Disability application process

All TRSL disability retirement applications must be reviewed and approved by the State Medical Disability Board (SMDB). The application process requires information from the member, the employer, and the member's physician(s). Approval or denial by the SMDB must occur within 120 days of the date of receipt of the disability application.

Each member who meets minimum eligibility requirements and wishes to apply for a disability retirement must apply online through myTRSL or submit a completed [Application for Disability Retirement](#) (Form 12), **to begin the disability application process.**

Detailed information on disability retirement eligibility, additional member forms & documentation requirements for the disability application process, and how disability benefits are calculated are discussed in our member brochure, [Disability Retirement](#).

If the disabling condition prevents the member from signing documents, TRSL will permit the agency head whose authorized signature is on file to sign the member's name on the disability application. For these situations, TRSL will also require the signature of the agency head on the application.

Employer's role: While it is ultimately the member's responsibility to submit **all of the required** disability retirement application forms and relevant medical documents, there are certain forms and documentation that the employer will have to provide.

Both employers and members can submit requested documentation pertaining to the member's disability application (such as completed Worker's Compensation certification letter and supporting forms/ documents (Form [12A](#), [12C](#) and/or medical records) directly to our Claims section at claims@trsl.org.

DISCLAIMER: Disability retirement applicants who elect to submit sensitive medical records or supporting disability-related forms/ documents by email (or request their employer to do so on their behalf) do so of their own accord! The Claims email address is only monitored for incoming disability-related forms and documents. Any questions should be emailed to web.master@trsl.org or contact TRSL by phone to speak to a retirement analyst.

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Form 12A

Whenever a TRSL member applies for disability retirement, the member's direct supervisor who monitors the applicant's daily activities must complete and sign the [Disability Report by Supervisor](#) (Form 12A). Information requested on the form should be complete and made to the best of the supervisor's knowledge about the employee's disabling condition and how it affects the applicant's performance of his/her job duties.

In cases where the employee's supervisor is unavailable to complete the form, the employing agency's authorized signer may complete the Form 12A to the best of their ability.

TRSL Teachers' Retirement System of Louisiana		Disability Report by Supervisor (Form 12A) - FOR EMPLOYER USE ONLY		08-12A rev. 07/26	
HOW TO SUBMIT:		DROP OFF or MAIL IN 8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	UPLOAD Scan and upload at www.myTRSL.org	EMAIL web.master@trsl.org	FAX (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)		
					
PO Box 94123 • Baton Rouge, LA 70804-9123 • 1-877-ASK-TRSL (1-877-275-8775) • www.TRSL.org • web.master@trsl.org					

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Job description

If the disability applicant is **not a teacher**, TRSL requires a copy of the member's official job description to be included with the member's disability application forms. Members will frequently request a copy of the job description from the employer.

EXAMPLE: *Official Job Description for a Non-Teacher Disability Retirement Applicant*

PARISH SCHOOL BOARD
Louisiana

JOB DESCRIPTION

TITLE: Computer Technician Paraprofessional (FLSA: Non-Exempt)

MINIMUM QUALIFICATIONS:

1. U.S. citizen or authorized alien.
2. High school diploma or equivalent (College Training Preferred).
3. Appropriate technical training.
4. Eight months work experience in computer repair.
5. Demonstrated aptitude and competence for assigned responsibilities.

REPORTS TO: Principal

JOB GOALS: To support the student learning environment by providing efficient computer hardware and software support.

JOB SUMMARY: To maintain electronic equipment in the best possible operating condition for instructional and administrative support use.

ESSENTIAL JOB FUNCTIONS:

1. Diagnose and correct difficulties and/or malfunctions in computer/electronic equipment in multiple environments (PC, MAC, UNIX, etc.).
2. Maintain records as assigned by management.
3. Maintain tagging and property inventory per the Property Accounting Manual.
4. Carry out established preventative maintenance procedures.
5. Install and configure software and hardware approved by management.
6. Instruct and assist personnel in the proper use and operation of computer equipment and approved software.
7. Promote high standards of safety and orderliness in assigned work and storage areas.
8. Assist the IT staff in all areas of hardware, software, and operations support.

ADDITIONAL DUTIES AND RESPONSIBILITIES:

1. Perform other duties as assigned.
2. Must maintain a valid Louisiana driver's license.
3. Must have reliable personal transportation for travel.

PHYSICAL DEMANDS:

1. Must be able to lift computer related equipment.
2. Must be able to load, unload, and drive a personal vehicle to transport equipment to be installed, replaced, and/or equipment being returned for repair.
3. Must be able to climb ladders and perform the necessary physical demands to install, inspect, troubleshoot, and repair network wiring both inside and outside of premises.
4. Must possess the physical stamina for long hours when required.
5. Must be physically capable of operating and demonstrating all equipment installed and supported by the department.
6. Must be able to load and unload deliveries to the department.
7. Must be capable of working for long periods sitting, standing, reaching, or bending as required.

TERMS OF EMPLOYMENT: To be determined by Superintendent.

ACCOUNTABILITY: Performance of this job will be evaluated in accordance with the provisions of the Board's policy on Evaluation of Support Services Personnel.

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Worker's Compensation certification form

If a disability applicant indicates he has received or is currently receiving Worker's Compensation during his TRSL-covered employment in Section 2 of the disability application (Form 12), the employer will be sent a Worker's Compensation certification form to complete.

Section 2 — Workers' Compensation information			
Are you now receiving or have you ever received Workers' Compensation while a member of TRSL? ☒ Yes ☐ No			
If the answer to this question is yes, please provide the information requested below.			
Name of employer	Amount of benefit	☒ Weekly	
RISK Services Group	\$ 235.33	☐ Biweekly	
P.O. Box 18	Attach proof	☐ Monthly	
Columbus, Ohio 432	Settlement amount	Settlement date	
Daytime telephone	Evening telephone	mm-dd-yyyy	
(318) 797-1055 x 11501	Attach proof		

NOTE: If the applicant is a **2011 or 2015 Retirement Plan** member (not an Original Plan member), a Worker's Compensation certification form will be required to determine disability eligibility.

TRSL Regular Plan Information			
Date of Service Accrual: 05/04/2015		Average Comp: \$0.00	
Switch-Over Date:			
Social Security Eligibility Date:			
2011 Retirement Plan			
Service Credit for Benefit Computation		Member Contributions	
Regular Service	2.16	Tax-Sheltered Regular Savings	6,925.08
		Regular Salary Report as of 10/2017	1,135.60
Estimate as of 06/30/2017	2.16	Total Contributions	

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EXAMPLE: Worker's Comp Certification Letter



Teachers' Retirement System of Louisiana

www.trsl.org
 ☎ 225.925.6446
 📠 225.925.4779
 ✉ web.master@trsl.org
 Post Office Box 94123
 Baton Rouge LA 70804-9123

September 30,
08 - 99

WORKER'S COMPENSATION BENEFITS

Dear Employer:

Please complete the information below regarding Worker's Compensation benefits received by the above member. If you have any questions, please contact Michael Birotte at (225) 925-7572 or toll-free (outside the Baton Rouge calling area) at 1-877-ASK-TRSL (1-877-275-8775).

1. Has this member ever received Workers' Compensation benefits since being employed with your agency? ____ Yes ____ No. If yes, please provide date benefits began ____/____/____. Date benefits ended ____/____/____ (if applicable).
2. What were the full-time earnings the fiscal year member began receiving Workers' Compensation? \$_____.
3. Please provide the amount of Workers' Compensation paid \$_____. Please circle frequency (Weekly, Bi-weekly, Monthly, Other, state reason for Other _____).
4. Was there a Lump Sum Settlement ____ Yes ____ No. If yes, please provide TRSL with a copy of the signed final cost worksheet and/or settlement agreement from Workers' Compensation.
5. During the duration of benefits, were contributions paid to TRSL? ____ Yes ____ No. If yes, did member contribute on ____ full salary, or ____ Workers' Compensation benefits.
These contributions must be reported as tax-unsheltered.
6. Were contributions paid using **assault pay and/or sick leave**? ____ Yes ____ No. If yes, please provide date benefits began ____/____/____. Date benefits ended ____/____/____. **These contributions must be reported as tax-sheltered.**

(Agency)

(Authorized Signature)

(Date)

The employer must answer all questions on the certification form and return the completed form with the employer representative's signature or the Worker's Compensation representative's signature to TRSL by fax, mail, or email (claims@trsl.org).

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If the member made contributions to TRSL while on worker's compensation benefits, **the employer must ensure the correct type of member contributions (sheltered vs. unsheltered) has been reported to TRSL** during the applicable time period. Refer to [Index 4.0](#) for complete details and instructions regarding contribution reporting during periods of workers' compensation.

EXAMPLE: Worker's Comp Certification Letter completed by the employer



Teachers' Retirement System of Louisiana

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225.925.4779
web.master@trsl.org
Post Office Box 94123
Baton Rouge LA 70804-9123

February 5, 2016

RECEIVED

FEB 11 2016

HUMAN RESOURCES

08 - 99

Urgent Request
Re: _____
ID No.: _____

WORKER'S COMPENSATION BENEFITS

Dear Employer:

Please complete the information below regarding Worker's Compensation benefits received by the above member. If you have any questions, please contact Teachers' Retirement System of Louisiana (TRSL) at (225) 925-6446 or toll-free (outside the Baton Rouge calling area) at 1-877-ASK-TRSL (1-877-275-8775).

- Has this member ever received Workers' Compensation benefits since being employed with your agency? ☒ Yes ☐ No. If yes, please provide date benefits began 10/25/2016
Date benefits ended 11/30/2015 (if applicable).
- What were the full-time earnings the fiscal year member began receiving workers' compensation? \$42,660.95
- Please provide the amount of workers' compensation paid \$519.
Please circle frequency (Weekly) Bi-weekly, Monthly, Other, state reason for Other _____
- Was there a Lump Sum Settlement ☒ Yes ☐ No. If yes, please provide TRSL with a copy of the signed final cost worksheet and/or settlement agreement from Workers' Compensation.
- During the duration of benefits, were contributions paid to TRSL? ☒ Yes ☐ No. If yes, did member contribute on ☒ full salary, or ☐ Workers' Compensation benefits. These contributions must be reported as tax-unsheltered.
- Were contributions paid using assault pay and/or sick leave? ☐ Yes ☒ No. If yes, please provide date benefits began ____/____/____. Date benefits ended ____/____/____. These contributions must be reported as tax-sheltered.

(Agency) Parish School Bd

(Authorized Signature) Ramona

(Date) 2/13/16

Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (1-877-275-8775)
Teachers' Retirement System of Louisiana is an equal opportunity employer and complies with Americans with Disabilities Act.

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Disability approval process

TRSL will notify both the member and employer if the SMDB approves the member's disability retirement application. The member must terminate employment immediately unless he is exhausting leave or is on medical sabbatical leave. The member has the option to exhaust sick/annual leave (including "extended sick leave") after approval by the SMDB, but he may not be physically working.

If the member does not terminate TRSL-covered employment and continues to actively work after SMDB approval, TRSL will cancel the disability application and the member must re-apply.

Certification of termination date

Upon approval by the SMDB, the employer will initially be notified to provide certification of the member's termination date or (if applicable) the date the member will exhaust all leave.

The termination date (or last day of approved leave) should be updated in EMIS by authorized employer personnel with approved access. See the "online terminations" section of Index 4.0 for instructions on how to process online terminations.

PEND DISAB status update (EMIS)

If the member's disability retirement application has been approved by the SMDB **and** the employer has certified the termination date, the TRSL processing analyst will update the member's status in EMIS to reflect "PEND DISAB" to note the member's pending disability retirement.

Member Summary

SSN:
Name:
Gender: Female
Birth Date:

Address Date: 04/11/2017
Address:
SHREVEPORT LA 71118
Age: 58

Approved for disability and certification of termination date received

Date of Retirement (DOR) will be the later of the day after the employer certified termination date or the date the disab app received

Status Information

Sys	Seq	Status	Code	Date	DROP Record
4		PEND DISAB	(IS)	11/16/2017	

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Acknowledgement letters

Both the employer and the member will receive an acknowledgement letter within one week of receipt of a member's completed Form 12 application.

For the employer, this acknowledgement letter provides notice to the agency of the employee's desire to retire under disability provisions. Employer certifications and member requests for additional information needed will be requested via separate request letters.

EXAMPLE: Acknowledgement Letter

NOTE: Disability applicants who are also eligible for service retirement will have an additional statement about service retirement eligibility.



Teachers' Retirement System of Louisiana

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225.925.6446
225.925.4779
web.master@trsl.org
Post Office Box 94123
Baton Rouge LA 70804-9123

September 29, 2026

08 - 99

ID No. 0000
Date of Receipt of Form 12: 09/25/26
Due Date for All Records and Forms: 10/25/26

Dear Member:

TRSL has received your *Application for Disability Retirement* (Form 12). This letter and its enclosures provide information about the disability retirement application process and only acknowledge that your application has been received. Your employer(s) may be required to provide information to TRSL in order to determine your retirement eligibility and potential benefit. If you have not already done so, please submit the following documents to TRSL: Our records show that you are also eligible to apply for TRSL service retirement. If you have any questions about your service retirement eligibility, please contact us.

- Disability Report by Supervisor* (Form 12A)
- Physician's Report of Disabling Condition* (Form 12C)

NOTE: This form should be completed for every physician listed on Form 12 and every referral doctor listed on every Form 12C

- All medical records to support disabling condition

It is your responsibility to obtain, pay for, and submit to TRSL all applicable medical records and forms no later than 10/25/2021. If you cannot meet this due date, you can request an extension by completing the enclosed form. An extension request must be received prior to 10/25/2021 and it will provide you with an additional sixty (60) days from the date your extension request is received. If you do not submit any medical records and all completed forms, your disability application may be considered abandoned, and therefore canceled. Once canceled, if you choose to reapply for disability retirement in the future, a new application will be required.

If you do not submit a written request to cancel or extend your application, TRSL will submit your disability application to the State Medical Disability Board (SMDB) when the following is received: Application for Disability Retirement (Form 12), Disability Report by Supervisor (Form 12A), and any medical records. If obvious and overwhelming evidence of the disabling condition is not available during the SMDB physician's review, TRSL will contact you to schedule an examination with the physician.

After the review, and if necessary, examination, TRSL will notify you of the SMDB's determination. If approved for TRSL disability retirement by the SMDB, TRSL-covered employment must cease immediately unless exhausting sick or annual leave. As a disability retiree, returning to work in the field of education will result in the termination of your disability benefit, as required by LA. R.S. 11:780.1. If you convert from a disability retirement to a service (regular) retirement, you will become subject to the state's return-to-work law requirements, which are different from requirements for disability retirees.

If your application is denied, you have certain appeal rights. If you have any questions or need additional information, please call us at (225) 925-6446, or toll free at 1-877-275-8775. Or, email us at web.master@trsl.org.

Sincerely,
Retirement Department
Teachers' Retirement System of Louisiana
Enclosure

cc: PARISH SCHOOL BOARD
MS. COLE
1961 MIDNIGHT STREET

Copy will be mailed to the employer

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Employer request letters

TRSL will request the employer to certify certain types of information whenever a disability application is received. Upon SMDB approval, TRSL will also request additional information to be certified by the employer so that the member's disability retirement benefit can be finalized. These information requests are referred to as Employer request letters and will be mailed to the employer.

NOTE: Agency authorized signers may not certify their own records.

Each letter will identify the member (disability applicant), the date TRSL received the member's disability application, and the information TRSL is requesting from the employer.

The letter will have a stamp in the upper right portion as DISABILITY and indicate 1st Request, 2nd Request or Final Request.

Request letters marked DISABILITY should be given priority since disability applicants frequently exhaust all accumulated leave (sick/annual) while waiting on a determination by the State Medical Disability Board (SMDB) and/or employer certifications.

Timeline

Employer request letters for any outstanding certifications or employer information needed will be sent using the following timeline:

- 1. 1st request** – sent within one week of receipt of the member's disability application.



Teachers' Retirement System of Louisiana

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 ✉ web.master@trsl.org
 Post Office Box 94123
 Baton Rouge LA 70804-9123

August 23, 2017 08 - 99

SCHOOL BOARD

POST OFFICE
SHREVEPORT, LA 711:

1st Request

Re: PATRICIA A
ID No.:
Date Disability Retirement Application Received: 08/21/2017

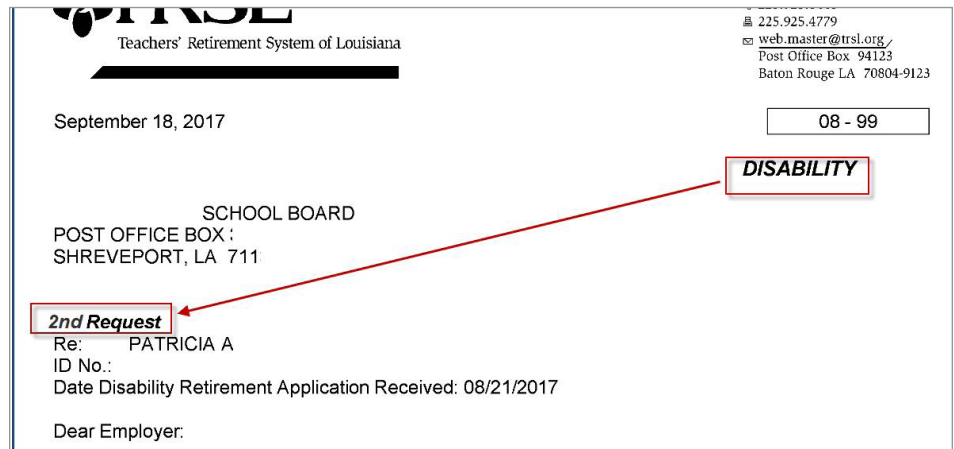
Dear Employer:

DISABILITY

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- 2. 2nd request** – sent approximately 30 days after the 1st request letter if outstanding information/certification(s) is still needed.



TRSL
Teachers' Retirement System of Louisiana

September 18, 2017

SCHOOL BOARD
POST OFFICE BOX :
SHREVEPORT, LA 711

2nd Request
Re: PATRICIA A
ID No.:
Date Disability Retirement Application Received: 08/21/2017

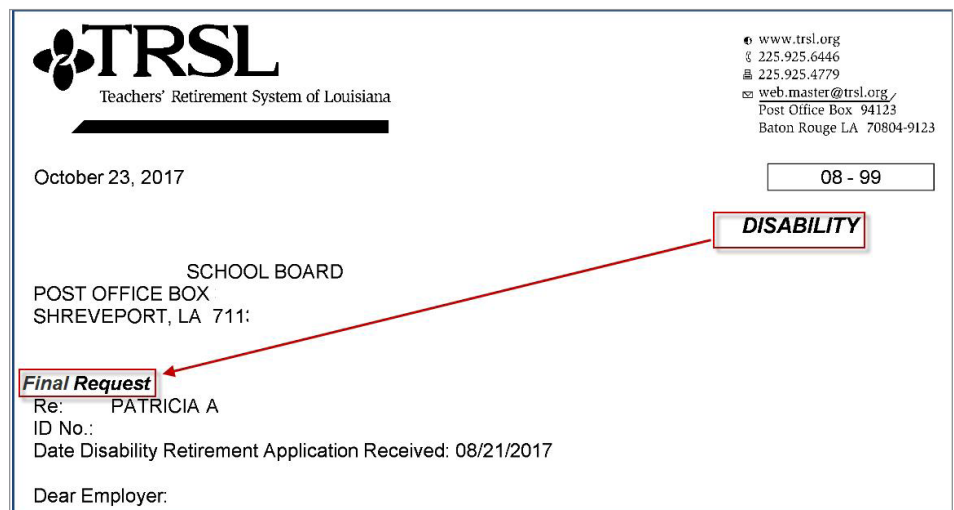
Dear Employer:

225.925.4779
web.master@trsl.org /
Post Office Box 94123
Baton Rouge LA 70804-9123

08 - 99

DISABILITY

- 3. Final request (warning letter)** – sent approximately 30 days after 2nd request letter if TRSL has not received previously requested information/certifications.



TRSL
Teachers' Retirement System of Louisiana

October 23, 2017

SCHOOL BOARD
POST OFFICE BOX
SHREVEPORT, LA 711:

Final Request
Re: PATRICIA A
ID No.:
Date Disability Retirement Application Received: 08/21/2017

Dear Employer:

www.trsl.org
225.925.6446
225.925.4779
web.master@trsl.org /
Post Office Box 94123
Baton Rouge LA 70804-9123

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DISABILITY

NOTE: Once a Final request is sent, the employer will have only 30 days to submit the requested certifications. This 30-day deadline will be noted on the final request letter.

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Thirty (30) days after the final request (warning letter) is sent, TRSL will process the member's application with the information on file. If the applicant's disability application is approved by the SMDB and TRSL receives additional information (employer certifications) after the member's retirement benefit is finalized that results in an overpayment of benefits to the member, TRSL will adjust the member's benefit and **charge the employer for the amount of the overpayment**, as per [LSA R.S. 11:888](#).

EXAMPLE: *Employer Request Letter for Disability Application*

 Teachers' Retirement System of Louisiana	www.trsl.org 225.925.6446 225.925.4779 web.master@trsl.org Post Office Box 94123 Baton Rouge LA 70804-9123
August 23, 2017	08 - 99
DISABILITY	
SCHOOL BOARD POST OFFICE BOX : SHREVEPORT, LA 711	
1st Request Re: PATRICIA A ID No.: 9106 Date Disability Retirement Application Received: 08/21/2017	
Dear Employer:	
This member has applied for Disability Retirement. Additional information is needed to process the application.	
Please certify the following as soon as possible:	
1 Report sick leave information for FY 2013 through FY 2017 2 Please certify questionable year and complete Workers' Compensation certification attached. 3	
If you have any questions, please contact Teachers' Retirement System of Louisiana (TRSL) at (225) 925-6446 or toll-free (outside the Baton Rouge calling area) at 1-877-ASK-TRSL (1-877-275-8775).	

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EXAMPLE: Employer Request Letter for Disability Retirement Approved by the State Medical Disability Board (SMDB):

Teachers' Retirement System of Louisiana

October 23, 2017

SCHOOL BOARD
POST OFFICE BOX
SHREVEPORT, LA

2nd Request
Re: A A
ID No.:
Date Disability Retirement Application Received: 09/21/2017

Dear Employer:

The State Medical Disability Board has approved this member's application for disability retirement.

Additional information is needed to continue processing this member's application for disability retirement. Please forward the items checked below at the appropriate times along with a copy of this letter to Teachers' Retirement System of Louisiana.

Please certify as soon as possible:

- ❖ To report sick leave days used, use the Employer Online Update section on TRSL's website and select "Sick Leave – Add". Sick leave information is needed for FY 2018 & sick leave days paid at termination even if 0.00.

Please submit the following after the last day of work or the last day of paid leave, whichever is applicable:

- ❖ **Agency Certification** (Form 11B). NOTE: Member cannot be setup for disability retirement payroll without certification of their termination date.
- ❖ Please complete the attached Workers' Comp certification form.

If you have any questions, please contact Teachers' Retirement System of Louisiana (TRSL) at (225) 925-6446 or toll-free (outside the Baton Rouge calling area) at 1-877-ASK-TRSL (1-877-275-8775).

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Action to be taken

Employers should respond to all request letters by providing the requested information in a timely manner.

1. **Certify sick leave days used** for the fiscal year(s) requested online through EMIS, TRSL's secure employer database. (See [Index 17.0](#) for instructions pertaining to certification of sick leave.)
2. **Certify all of the member's questionable years** online through EMIS. (See [Index 6.0](#) for information on certifying questionable years).
3. **Complete the worker's compensation certification form** if requested.

If the member's disability retirement application is approved by the State Medical Disability Board (SMDB):

4. **Certify sick leave days used in current fiscal year and sick leave days paid at retirement** online through EMIS, even if the amount is 0. (See [Index 17.0](#) for more details and instructions.)
 5. **Complete an online [Agency Certification](#)** (Form 11B) covering the current fiscal year. This form is submitted after the member's termination date and after all earnings and contributions have been reported to TRSL. (See [Index 11.0](#) for details and instructions.)
- NOTE: TRSL may request the employer to provide certification of the termination date prior to completing the Agency Certification (Form 11B) in order to expedite the process of disability retirement payroll set-up for the approved applicant.*
6. **Certify annual leave balances** (if requested) online through EMIS. (See [Index 17.0](#) for instructions on how to certify annual leave.)
 7. Submit any other information that may be requested on the request letter.

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Other request letters

Employers may receive the following additional request letters if the member's disability application is approved by the SMDB:

- Questionable Years Letter
- 10% or 15% Cap Letter
- Agency Certification Discrepancy Letter

Employers should refer to [Index 11.0](#) for examples, descriptions, and instructions for each of these letter types.

Employer checklists

DISABILITY - Member submits Form 12 (and all associated forms & documents required)

- ☐ Certify all of the member's questionable years.
- ☐ Certify sick leave days used for all fiscal years of employment.
- ☐ Complete the worker's compensation request form (if applicable). *TRSL will send to employer only if needed.*

If the member's disability retirement application is approved by the State Medical Disability Board (SMDB):

- ☐ Certify the member's termination date or date all leave (sick/annual) will be exhausted.
- ☐ Certify sick leave days paid at retirement, even if the amount is 0.
- ☐ Certify annual leave balances (only if applicable).
- ☐ Complete an Agency Certification after the member's termination date and after all earnings and contributions have been reported to TRSL.
- ☐ Complete 10% (or 15%) Cap Exemption letter (if applicable). *TRSL will send to the employer only if needed.*

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Frequently asked questions

1. **Can a member remain on sick or annual leave after being approved for Disability retirement?**
 - » Yes, provided the member is exhausting sick or annual leave and is not physically working. The member must terminate employment immediately after all leave is exhausted.
2. **Who is responsible for completing the Form 12A, Disability Report by Supervisor?**
 - » The form should be completed by the member's direct supervisor or an authorized signer for the employing agency if the direct supervisor cannot complete for any reason.
3. **Can a member substitute or tutor for our schools after being approved for disability?**
 - » Some Disability retirees will convert to a normal Service retirement at some point. When that happens, only then do they become subject to the normal Return to Work laws. Before service retirement conversion, disability retirees may not return to work in the field of education in any capacity whether public or private.

The easiest way to determine if a retiree can return to work or not is to review the membership status on the Member Summary Screen in EMIS. If the status is "DISAB RET" the retiree may not return to work with a school in any capacity whether public or private without having the TRSL benefit cancelled. If the member's status in EMIS is "RETIRED," then the retiree will be subject to TRSL's Return to Work laws, including any applicable waiting periods. Please refer to [Index 15](#) for more information on the return-to-work provisions.
4. **Does our agency need to submit an Agency Certification (Form 11B) if we terminated the member prior to their Disability application submission?**
 - » Yes, an Agency Certification (Form 11B) must be submitted if the member was employed by your agency in the current fiscal year regardless if they were previously terminated or not.