



For Office Use Only
Claim # _____

APPLICATION FOR ASSAULT/BATTERY LEAVE

This form must be accompanied by an Accident/Battery Report and a Physician's Medical Statement. The Physician's Medical Statement must include the nature of the disability, its probable cause, verification of inability to work and the anticipated duration. **Absence Request Applications (Green Sheets) must be completed for all absences including Assault/Battery Leave. This form does not take the place of a Green Sheet.**

Name: _____

Position: _____ Department: _____ Work Location: _____

Part of Body Injured: *(Be specific)* _____

List Any Witnesses to the Assault: _____

Extensively describe the facts regarding why you are applying for assault leave:

List Dates Applying for Assault Leave: _____

Total Number of Days Applying for (Maximum of 30): _____

To be eligible for assault/battery leave, an employee must apply for and be granted Worker's Compensation benefits. If an employee is granted assault/battery leave, the employee must submit to the TCESC treasurer all compensation received from Worker's Compensation.

Have you filed a Worker's Compensation claim for this incident?	Yes	No
Have you filed a previous Worker's Compensation claim?	Yes	No
When: _____ What For: _____		
Do you have a preexisting condition that is related to this claim?	Yes	No

Employee's Signature: _____ Date: _____

APPROVALS

Supervisor's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____