



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Please send form to the attention of:
Human Resources -
HR.Pen.HRC@nashville.gov

Disability Leave Time Report

Medical Disability In-Line-of-Duty (IOD) Disability

Employee Name: EE#

This form will be used to determine the effective date of the disability pension. Lump sum payment may not be made to disability pension applicants. Medical disability applicants must run out all vacation leave, sick leave, comp time and personal leave before their disability pension will be effective. In-line-of-duty disability applicants must run out vacation leave, comp time and personal leave before their disability pension is effective. For IOD applicants may use up to 5 days of sick leave for an IOD injury (if employed by Schools, Health or Hospitals, you will need to consult those department's rules for use of sick leave.)

- 1. The last day this employee physically worked on the job is/was:
2. The last day this employee will be/was carried on the payroll after using all available leave, as specified above, is/was:
3. The last insurance premiums will be/were deducted from the first paycheck in the month of:
4. List all alternative work assignments and/or job modifications that have been considered to reasonably accommodate the handicapping conditions of this employee as referred to under Federal and State Handicap Discrimination Statutes. Use additional sheets if necessary.

If employee is applying for an IOD disability, please complete:

- 1. The last day this employee was on the payroll for sick leave pay was:
2. The total amount of IOD days used by this employee was:
3. List the total of unused sick hours days remaining at the time the employee is last carried on the payroll:

Appointing Authority or Designee Signature

Date

\*LEAVE=TIME/LDS\*