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
www.trsl.org

Form 12A (01/06)
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

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 because of the disabling condition? ☐ Yes ☐ No
If yes, please provide the following information:

Payer's name

Daytime telephone ( )

Street / P.O. Box

City, state, zip

Supervisor's name (print in ink or type)

Title

Supervisor's signature (do not print or type) ▶

Date signed (mm-dd-yyyy)