



Heart and Lung Act Policy

SUPPLEMENTAL STATEMENT

Employee Name:

Date of Injury/Date of Onset:

1. Explain why you believe the injury/disability was incurred in the performance of your duties:
Attach additional pages if necessary.

2. Explain why you believe your disability to be temporary and not permanent:
Attach additional pages if necessary.

3. Explain what duties you are currently unable to perform as a result of your injury and/or resulting disability:
Attach additional pages if necessary.

Please submit any medical documentation that supports your claim for Heart and Lung Act benefits.

Employee certifies that the information provided in this leave request is true and correct, and that providing false information on this Supplemental Statement is grounds for discipline, up to and including, termination.

Employee Signature: _____

Date: _____