



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

REQUEST FOR ASSAULT LEAVE BENEFITS

Employee's Name (Print): \_\_\_\_\_

Employee's Job Assignment: \_\_\_\_\_ Campus/Dept: \_\_\_\_\_

Date of the Incident: \_\_\_\_\_ Time of the Incident: \_\_\_\_\_

Witnesses to the incident:

Name

Job Assignment

<u>Name</u>	<u>Job Assignment</u>
_____	_____
_____	_____
_____	_____

Name of person or persons who allegedly assaulted you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the incident in detail below:

Where did the incident occur?	
What were you doing at the time of the incident?	
How did the incident occur?	
How did you get injured?	
What body part(s) were injured (be very specific)?	
Name any and all witnesses to the incident; describe what they were doing when the incident occurred.	
What could you have done differently to prevent the incident from happening?	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_