

Service-Connected Disability Leave Attestation

Pursuant to Tenn. Code Ann. § [8-50-802](#) and reflected in the [Department of Human Resources' \(DOHR\) Attendance & Leave Manual](#), Section 11.04(D), an employee veteran with a service-connected disability of thirty percent (30%) or more shall receive thirty-six (36) hours of leave each year to be used to attend appointments related to the service-connected disability.

Such leave remaining at the end of the year may not be carried forward to the subsequent year. The year for leave under this provision will run from July 1st to June 30th of each year.

To receive approval, employees requesting such leave shall provide to their agency human resources office information related to the service-connected disability and documentation related to the service-connected disability appointment(s). In order to be in compliance, employees shall optimally provide written documentation from their healthcare provider explicitly stating the appointment was related to a service-connected disability. There is no requirement that said documentation contain details regarding the service-connected disability.

If the employee veteran's healthcare provider refuses to provide documentation indicating the appointment was related to the service-connected disability, the employee veteran may provide proof of appointment (i.e., appointment card, email, receipt, etc.) along with completing the attached attestation (See Attachment 1). This documentation will be filed and kept separate from the employee veteran's personnel file.

For more information, please contact the DOHR's Agency Resource Center (ARC) by contacting the HR Service Center at HR.ServiceCenter@tn.gov or (615) 741-4841.

Service-Connected Disability Leave Attestation

I, _____, attest that on _____ I utilized _____ hours to attend a healthcare appointment related to a documented service-connected disability. I further attest that I have provided proof of appointment (i.e., confirmation of appointment, appointment card, etc.) to my human resources officer(s) or designee(s). Additionally, I attest that I was unable to obtain documentation from my healthcare provider explicitly stating my healthcare visit was related to my documented service-connected disability.

As such, for compliance purposes with Tenn. Code Ann. § [8-50-802](#) and [DOHR's Attendance and Leave Manual](#), Section 11.04(D), I am providing this attestation that the healthcare appointment as listed above was solely connected to my documented service-connected disability and will count against my thirty-six (36) hour annual allotment for said leave.

Employee Name

Date

Supervisor/HR Representative Name

Date

This attestation shall be kept separate from the employee veteran's employee file.