## Temporary disability policy template

[Organization Name]

**1. Purpose & Brief**

This policy aims to provide employees of [Organization Name] with guidelines and support when seeking temporary disability benefits due to non-work-related injuries or illnesses.

**2. Scope**

This policy applies to all full-time employees of [Organization Name]. Part-time employees and other staff categories may refer to their specific contractual agreements for related provisions.

**3. Eligibility**

Employees who have been with [Organization Name] for a minimum of [e.g., "six months"] and have exhausted their sick leave are eligible to apply for temporary disability benefits.

**4. Benefit amount**

Eligible employees can receive up to [e.g., "80%"] of their regular wages during the period of their temporary disability.

**5. Duration of benefits**

Benefits can be availed for a period of up to [e.g., "12 weeks"]. Extensions can be considered based on medical certifications and organizational requirements.

**6. Documentation:**

Employees must provide a valid medical certificate from a registered medical practitioner, detailing the nature of the disability and the estimated recovery time.

**7. Application process**

Employees seeking temporary disability benefits should submit their application along with the necessary medical documentation to the HR department within [e.g., "7 days"] of the onset of the disability.

**8. Confidentiality**

All medical records and information will be kept confidential and will only be accessed by authorized personnel for official purposes.

**9. Non-retaliation:**

Employees availing temporary disability benefits will not face any form of retaliation or discrimination. Any such incidents should be reported to HR immediately.

Signature:

[Employee Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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