

# Oneida Special Board of Education

|                                                            |                                                       |                                  |                                 |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------|---------------------------------|
| Monitoring:<br><br><b>Review: Annually,<br/>in January</b> | Descriptor Term:<br><br><b>Physical Assault Leave</b> | Descriptor Code:<br><b>5.307</b> | Issued Date:<br><b>12/07/23</b> |
|                                                            |                                                       | Rescinds:<br><b>5.307</b>        | Issued:<br><b>07/09/13</b>      |

## *General*

Employees shall be notified of their right to report a physical assault to the appropriate law enforcement agency.<sup>1</sup>

An employee who is absent from assigned duties as a result of personal injury caused by physical assault or other violent criminal acts committed in the course of the employee's employment duties shall receive his/her full salary and full benefits until the employee is released by his/her physician to return to work or his/her physician determines the employee is permanently unable to return to work. Hourly employees shall receive an amount representing the average number of hours the employee works for the district per pay period along with their full benefits, if available, until the employee is released by his/her physician to return to work or his/her physician determines the employee is permanently unable to return to work. An hourly employee is not eligible to receive the continued pay and benefits if he/she has been employed by the district for less than one (1) full pay period.<sup>2</sup>

If the employee receives workers' compensation or other similar benefits, the Board shall pay the difference between that amount and the employee's full salary or average pay, as applicable.<sup>2</sup> The district shall pay the full salary or average salary, or the difference between the employee's full salary or average pay, as applicable, and the workers' compensation or similar benefits, if any, for up to one (1) year.

## **PHYSICIAN STATEMENT**

A signed statement listing the cause of the absence shall be provided by the employee on forms furnished by the Director of Schools and shall promptly be given to the immediate supervisor in support of all claims. A certificate from the physician on forms furnished by the Director of Schools may also be required to verify the extent of the injury.

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### Legal References

1. TCA 49-5-714(a); Public Acts of 2023, Chapter No. 343
2. TRR/MS 0520-01-02-.04(4)(b)

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### Cross References

Worker's Compensation 3.602  
Sick Leave 5.302  
Long Term Leaves of Absence 5.304

