

CITRUS COUNTY SCHOOLS

ILLNESS-OR-INJURY-IN-LINE-OF-DUTY LEAVE

REIMBURSEMENT REQUEST FORM

Name (print): \_\_\_\_\_ ID#: \_\_\_\_\_

Work Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

In accordance with CCSB Policy 6.543, the above employee is requesting leave time reimbursement for the following absences taken while unable to perform duties as a result of a worker's compensation injury:

_____ DATES OF LEAVE	_____ LEAVE HOURS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach a copy of Leave Form(s). Have your Administrator/Designee sign below and give to your Timekeeper. Your Timekeeper will submit this request to DSC/Director of Risk Management for approval and processing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/Designee Signature

\_\_\_\_\_  
Date

Request Reimbursement as  
Illness in Line of Duty Days for:  
Number of Days:  
Verified: