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 compensation injury:				
DATE	es 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: