



**Risk Management
Illness in Line of Duty Leave**

In compliance with the Florida School Law and regulations of Alachua County Public Schools, I hereby make application to claim compensation covering absenteeism for illness in the line of duty.

Employee Name: _____ Employee ID #: _____

Initial 10 Days - 100% paid by Alachua County Public Schools

List each day absent:

Month/Year: _____

Dates: _____

Total Number of Hours: _____

This absence was due to (type of injury or illness suffered or incurred while on duty):

Employee Signature: _____ Position: _____

School: _____ Date: _____

Approved by Principal/Designee: _____

***Immediately following absence, attach the physician's certificate
and forward to the Risk Management Department.***

District Office Approval

The above claim for illness in the line of duty is approved is not approved

Risk Management Approval: _____ Date: _____