



**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: \_\_\_\_\_