

APPLICATION FOR REIMBURSEMENT

PEACE OFFICER AND DETENTION OFFICER TEMPORARY DISABILITY FUND

APPLICANT: _____.

MAILING ADDRESS: _____.

NAME OF TEMPORARILY DISABLED OFFICER: _____.

DATE OF OFFICER'S DISABLING INJURY: _____.

OFFICER'S BASE SALARY **AT TIME OF INJURY** \$_____ HR/DAY/WEEK/BI-MONTHLY/MONTH.

DATES COVERED BY REIMBURSEMENT REQUEST: FROM _____ THRU _____.

TOTAL BASE SALARY PAID DURING REQUEST PERIOD: \$_____.

TOTAL WORKERS' COMPENSATION PAID DURING REQUEST PERIOD \$_____.

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED: \$_____.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND THAT THE DISABLING INJURY SUSTAINED BY THE ABOVE OFFICER WAS INCURRED IN THE PERFORMANCE OF THAT OFFICER'S DUTIES EITHER (Initial the applicable condition):

- _____ a. WHILE RESPONDING TO AN EMERGENCY, OR
- _____ b. WHEN IN THE PURSUIT OF AN ACTUAL OR SUSPECTED VIOLATOR OF THE LAW, OR
- _____ c. THE INJURY WAS CAUSED BY THE ACTIONS OF ANOTHER PERSON

REQUIRED DOCUMENTATION:

FOR THE DATES COVERED BY THIS REIMBURSEMENT REQUEST PLEASE INCLUDE COPIES:

- OFFICERS TIME SHEETS AND PAYSTUBS
- WORKERS COMPENSATION CHECKS
- DOCTORS RELEASE NOTES (OFF WORK, RETURN TO WORK)
- POLICE REPORT

(DATE SIGNED)

SIGNATURE

PRINT NAME: _____

TITLE: _____

PHONE: _____

SUBMIT COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:
FISCAL OFFICER, IDAHO INDUSTRIAL COMMISSION
PO BOX 83720 BOISE, ID 83720-0041.