

WORKERS COMPENSATION PAYROLL AND INJURY LEAVE FORM
FOR POLICE OFFICERS THAT WILL RECEIVE 100% PAY AS PER F.S.440.15 (11)

FROM: _____ (SUPERVISOR) print
DEPARTMENT: _____
DATE: _____
SUBJECT: _____ (EMPLOYEE) print
DATE OF INJURY: _____

The above named employee has received a work-related injury/illness and will be on injury leave:

Dates: _____

If the employee is not able to return to work after the injury dates have been exhausted they will be put on workers' compensation pay.

Starting Date: _____ at 66 2/3%
Starting Date: _____ at 33 1/3% Injury Leave Paid by Department

Workers' compensation will not be paid to an employee who refuses light duty work.

I _____, understand that I will be on workers' compensation until released by the City's Physician. I start workers' compensation pay at 66 2/3% of salary on _____. Since I have been approved for 100% compensation for this injury, the other 33 1/3% of salary is to be paid as injury leave.

Employee's Signature

Employee's Name (print)

Supervisor Signature

Supervisor's Name (print)

Please send this report by email to:

- terrye.dexter@mlbfl.org
Risk Management Technician

- Give copy to your divisional payroll department
- Give copy to the employee

If you have any questions call Risk Management at 608-7821

*****It is the employee's responsibilities to monitor his/her leave time*****