



Flagler County Schools
Human Resources Department
 Application for Illness in the Line of Duty

INSTRUCTIONS: This leave requires Board approval. You must file a Sick Leave Form so that deductions for absences are not made from your pay. Sick leave days will be restored upon Board approval.

Today's Date: _____	Date of Injury or Accident: _____
<p>1. Pursuant to Section 321.41, Florida Statutes, and Policies of the School Board of Flagler County, I, _____ hereby make application for compensation for Illness in the Line of Duty. I was absent from my duties as _____ <small style="margin-left: 150px;">Position</small></p> <p>in _____ for _____ days <small style="margin-left: 50px;">Name of School or Department</small></p> <p>From _____ 20 ____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>To _____ 20 ____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>inclusive, due to _____ <small style="margin-left: 50px;">Explain fully the nature of the illness or accident necessitating absence. If an illness from a contagious or infectious disease, please indicate the name of the student from whom you believe you contracted the illness.</small></p> <p>_____</p> <p>_____</p>	
<p>2. I hereby certify that my absence from duty was because of personal injury in the discharge of duty or because of illness from a contagious or infectious disease contracted in school work. Attached is a certificate of illness from a licensed physician or the county health officer for the day or days requested.</p>	
<p>Certified Correct and Approved</p>	
<p>_____ Signature of Employee</p> <p>_____ Date</p>	<p>_____ Signature of Supervisor</p> <p>_____ Date</p>
<p>_____ Superintendent or Designee</p> <p>_____ Date</p>	<p>Approved by Board on _____</p>