

**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 WHILE RESPONDING TO AN EMERGENCY OR WHEN IN THE PURSUIT OF AN ACTUAL OR SUSPECTED VIOLATOR OF THE LAW.

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
SIGNATURE

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THE POLICE REPORT AND  
COPIES OF THE OFFICER'S TIMESHEETS FOR THE DATES  
COVERED BY THIS REIMBURSEMENT REQUEST.**

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