WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
FAX (509) 397-2099

LEOFF I MEMBER
EMPLOYEE'S STATEMENT

Please check one:
____ Application for Disability Retirement
____ Application for Disability Leave

Delay in filing statement could result in a shorter disability leave period. Submit this form immediately to the Clerk of the LEOFF I Board, c/o Whitman County Commissioners' Office, 400 N Main Street, Colfax, WA 99111.

SECTION I:

Date of Application: ______________________________ Date of Hire: ______________________________

Name: ______________________________ SSN#: ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Phone: ______________________________ Sex: _______ Date of Birth: ______________________________

Position: ______________________________ Employer: ______________________________

TO THE WHITMAN COUNTY LEOFF I BOARD:
In accordance with the provisions of RCW 41.26.120 and/or 41.26.125 and because of physical or mental disability, I hereby apply for retirement from active service as an employee under the Washington Law Enforcement Officers' and Fire Fighters' Retirement System.

CLAIM INFORMATION

1. First day of employer's sick leave benefit: ______________________________
2. Last day of sick leave: ______________________________
3. First day of disability leave: ______________________________
4. Last day of disability leave: ______________________________

I understand that the dates I have requested above are subject to approval by the LEOFF I BOARD. (Please initial: ____).

SECTION II: (circle one on each line)
This disability (was, was not) incurred in the line of duty.
This disability (was, was not) incurred while in other employment.
This disability (was, was not) incurred through dissipation or abuse.

SECTION III:
I herewith submit statements by my physician with respect to my disability. I hereby consent to examination by the Whitman County LEOFF I Board's physician, or any other physicians as the Board may so require.

The information contained herein is true and complete to the best of my knowledge and belief.

Employee's Signature: ______________________________ Date: ______________________________

WCLIB #1