

WHITMAN COUNTY LEOFF I BOARD
LEOFF I MEMBER
EMPLOYER'S STATEMENT AND REPORT ON
APPLICATION FOR DISABILITY RETIREMENT

SECTION I:

This is to certify that _____ Social Security Number _____ a member of the Washington Law Enforcement Officers' and Fire Fighters' Retirement System, was an employee of _____ and said member's last day of active service was _____.

SECTION II:

A. Describe employee's position and duties:

B. In your opinion, is the employee incapacitated for performance of duty: Yes _____ No _____

C. Give nature of incapacity to the best of your knowledge (Please elaborate):

D. Was the disability claim sustained as the result of an accident occurring in the actual performance of duty, while in the employ of your agency: Yes _____ No _____

E. If the answer to "D" above is "Yes", please supply the following information:

1. Date of accident _____
2. Place of accident _____
3. Give full details (description and result of accident):

4. Witnesses: _____

SECTION III:

I hereby certify that the above is true and correct information as regards to this employee and is complete to the best of my knowledge and belief.

Signature: _____

Dated: _____