



CLEVELAND DIVISION OF POLICE

Disability Report

Name: _____ Rank: _____ Badge: _____

Assignment: _____ V-Class: _____ Duty Hours: _____

Residence Address: _____

Telephone: _____ First Date on Sick Leave: _____

Supervisor Reported off To (Name & Badge): _____

Reason for Disability (Check only one):

Medical Leave of Absence

Sick

Family Rule

Doctor Appointment

Duty Related Injury

Off-Duty Injury

FMLA

Number of hours taken, if not taking off a Tour of Duty: _____

C of C 70-2 Revised 11/2012

Medical Unit - White Copy

Commander's Office - Yellow Copy



CLEVELAND DIVISION OF POLICE

Disability Report

Name: _____ Rank: _____ Badge: _____

Assignment: _____ V-Class: _____ Duty Hours: _____

Residence Address: _____

Telephone: _____ First Date on Sick Leave: _____

Supervisor Reported off To (Name & Badge): _____

Reason for Disability (Check only one):

Medical Leave of Absence

Sick

Family Rule

Doctor Appointment

Duty Related Injury

Off-Duty Injury

FMLA

Number of hours taken, if not taking off a Tour of Duty: _____

C of C 70-2 Revised 11/2012

Medical Unit - White Copy

Commander's Office - Yellow Copy