**Sample Template for Districts and Colleges to Request**

**Workers’ Compensation Insurance Premium Reimbursement**

The following template is an example only. School Districts and FCS institutions may use other formats so long as the requirements enumerated in Florida statute and rule are met. If the district/college is submitting for reimbursement on behalf of businesses, please include Appendix B.

**DISTRICT/COLLEGE REQUEST**

**Workers’ Compensation Insurance Coverage for Students in Work-Based Learning (WBL) Opportunities**

**Request for Reimbursement of Premiums (Invoice)**

Only include counts of students that meet the full eligibility requirements of section (s.) 446.54, Florida Statutes (F.S.), – 18 years of age and younger at the time of the work-based learning opportunity, provided employee-like services, and participated in the work-based learning opportunity through the district or college, and that the district/college covered under their workers’ compensation insurance policy.

|  |  |
| --- | --- |
| 1. Fiscal Year for Which Reimbursement is Requested
 |  July 1, 20\_\_ – June 30, 20\_\_  |
| 1. Name of School District or FCS Institution
 |   |
| 1. Tax ID/FEIN
 |   |
| 1. Contact Person (Name/Title)
 |   |
| 1. Contact Person Phone Number:
 |   |
| 1. Contact Person Email:
 |   |
| 1. Number of **unpaid** WBL students covered under district/college workers’ compensation insurance
 |   |
| 1. Number of students that are **paid** employees of the district/college
 |   |
| 1. Total number students covered by the district/college’s workers’ compensation insurance (add answers 7 and 8 above)
 |   |
| 1. Workers’ compensation insurance premium dollar amount requested by the district/college for reimbursement (only for students listed in #9)
 |  |

|  |
| --- |
| 1. Describe the methodology used to calculate the proportionate share of worker’s compensation premiums attributable to the students referenced above.
 |
|  |

Total Number of All Requests for Reimbursement Included in this Submission (the Institution Plus All Businesses):  \_\_\_\_\_\_\_\_\_\_\_

☐  I understand that the submission of this request constitutes confirmation that each of the students included in the numbers provided above were 18 years of age or younger at the time they were participating in the WBL.

☐   I confirm that all documentation supporting the information provided above will be maintained for a minimum of five (5) years.

☐   I confirm that all business requests submitted for reimbursement accurately reflect student counts participating through the district/college and that the businesses have completed all portions of their reimbursement requests.

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Printed Name of Individual Authorized by the District/College to Submit this Request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Authorized by the District/College to Submit this Request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Completed requests should be sent to the following**:

Florida Department of Education

Bureau of the Comptroller

325 West Gaines Street, 914 Turlington Building

Tallahassee, Florida 32399-0400