FPDR
Bureau of Fire and Police Disability and Retirement
1800 SW First Avenue, Suite 250, Portland, OR 97201
fpdr@portlandoregon.gov
Phone: 503-823-6823 | Fax: 503-823-5166

Medical Appointment Lost Time Reimbursement

Request must be received by FPDR by the end of the pay period

Member Information			
Name (printed)		Email	Phone
Home address			
City		State	Zip
☐ Fire ☐ Police	Claim Number		Injury date and time
Brief description of injury			

Request for missed time from work due to a doctor appointment related to an approved claim.		
Appointment Date	Doctor/Provider	Hours
		Total Hours

Applicant's statement: I hereby affirm this request for reimbursement is true and is related to my approved claim. I attest that the time requested is for a documented absence from work.

Signature _____ Print name _____ Date _____

Please sign and mail, fax, or email form to FPDR.