

WORKERS' COMPENSATION
USE OF LEAVE OPTIONS

This is to certify that the use of leave options available in conjunction with the lost time from work as a result of an on-the-job injury which occurred on _____ have been fully explained to me. I understand these options are available to me only if the agency determines the claim to be compensable and accepts liability. **Once an election is made, it may not be rescinded for the duration of the claim.** After careful consideration, I elect the option(s) marked below.

Place an X in the space provided to select the option(s) you desire.

Option 1: Elect to take sick or vacation/bonus leave during the required seven-day waiting period and then go on worker's compensation leave and begin drawing workers' compensation weekly benefits.

Option 2: Elect to go on workers' leave immediately with no pay for the seven-day waiting period and then began drawing workers' compensation weekly benefits.

Note: In either option above if the injury results in disability of more than 21 days, the workers' compensation weekly benefit shall be allowed from the date of the disability. If this occurs in the case of an employee who elected to use leave during the waiting period, no adjustment shall be made in the leave used for these workdays.

Option 3: Use of Partial Leave: Elect to supplement the workers' compensation weekly benefit with the use of partial sick or vacation/bonus leave, earned prior to the injury, in accordance with the schedule provided by the Office of State Personnel each year. Use of the supplemental leave benefit applies only while drawing temporary total disability compensation. This will provide an income approximately equal to their take-home or net pay.

Note: All elections involving the use of earned sick or vacation leave are subject to their availability at the time of the incident.

Note: Compensatory leave may be substituted for sick or vacation/bonus leave used during the waiting period if applied within the time frames provided under the Hours of Work and Overtime Compensation Policy.

Employee Signature

Division/Unit

Date

Employee SS# (last 4 digits)

Supervisor Completes This Section

The above named employee was injured on _____ and was placed on workers' compensation leave on _____.

Supervisor's Signature

Date