

WORK-RELATED INJURY LEAVE ELECTION

Employee:

Date of Injury:

Current Salary:

Please check one choice below to elect the type of leave that you wish to use while absent from work due to your work-related injury. Once the election is made, it may only be changed once; any change will become effective at the beginning of the next full pay period.

This election form must be completed and returned to: Human Resource Management before _____. If no election is made, your option will be assumed to be paid injury leave (if accrued leave is available) and then injury leave without pay at the expiration of accrued leave. The leave charged because of any failure to elect an option will be counted as the first election of leave and may only be changed once.

_____ **Paid Injury Leave.**

I elect to use my accrued sick, annual, and/or personal leave while absent from work due to my work-related injury. When or if accrued leave is exhausted before I am able to return to work, this leave option will automatically be changed to injury leave without pay. I understand that while using this leave option:

1. One full day of leave will be charged for each day of absence.
2. Because the State System immediately places all employees on paid injury leave at full pay, I may be overpaid. The State System will recover any overpayment.
3. The paid injury leave supplement that will be paid after the first Worker's Compensation check is received is the difference between my normal net salary and the Worker's Compensation indemnity benefit that I am entitled to receive. Based on my regular salary at the time of injury, the maximum amount of paid injury leave supplement that I would receive bi-weekly would be approximately \$ _____ (net), but could be less.
4. Please circle the paid leave type(s) you wish to use and indicate the order in which you wish to use them: (1) Sick _____ (2) Annual _____ (3) Personal _____.

_____ **Injury Leave Without Pay.**

I elect to use leave without pay while absent from work due to my work-related injury. While using this leave option, I understand the following:

1. No salary will be paid; only Worker's Compensation benefits will be paid while disabled. This will result in my receiving approximately \$ _____ (net) LESS than I would receive, before voluntary deductions, had I been working.
2. Because the State System immediately places all employees on paid injury leave, if leave is available, I may be overpaid. The State System will recover any overpayment.
3. Benefits will be continued for up to one year or the duration of the disability.

I have read the above leave options, and I have made an informed choice. If I had questions about either of the leave options, I discussed my questions and concerns with the Human Resource Management office prior to making my decision.

_____ I want this election to be retroactive to the first date of absence.

_____ I do not want this election to be retroactive. I wish to elect this leave prospectively beginning on the first day of the next pay period. I understand that I cannot change this election again.

Employee Signature

Date

