

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. I understand that once I elect an option, that election shall be irrevocable as to each individual incident. 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 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.

Option 3: Elect to supplement the workers' compensation weekly benefit with the use of partial earned sick or vacation leave in accordance with the schedule provided by the Office of State Personnel. Use of the supplemental leave benefit applies only while drawing temporary total disability compensation.

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

Employee Signature

Division/Unit

Employee SS#

Date

Supervisor Completes This Section

The above named employee was injured on _____ and was place on workers' compensation leave on _____. A Supervisor's Accident Report or Accident Investigation Report has been completed and is attached to the IC Form 19.

Supervisor's Signature

Date