**EMPLOYEE VOLUNTARY USE OF PAID LEAVE WITH**

**WORKERS’ COMPENSATION BENEFITS**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_-\_\_\_-\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPART/CAMPUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This employee is absent from duty because of a job-related illness or injury beginning on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If eligible, workers compensation insurance may begin paying temporary

income benefits based on a percentage of the employee’s average weekly wage prior to the date of the injury.

Benefits will begin to accrue on the eighth day of absence from duty.

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

District Authorized Signature Date

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Please complete this form and return to the Business Office. Be sure to sign and date the form.

Thanks You.

I am absent from duty because of a job-related illness or injury and I voluntarily choose the following option.

\_\_\_ I choose to use \_\_\_\_(number) or \_\_\_\_\_ (all) days of available paid leave. I understand that I will not receive

workers’ compensation Temporary Income Benefits (TIBS) which are paid weekly while using my paid leave,

unless my Average Weekly Wage is greater than the sum of the weekly amount of paid leave, plus any fringe

benefits provided by the employer while absent from duty. I may choose to end the use of paid leave at any

time by written notice to the employer. I understand that I am voluntarily using my paid leave and I am not

required to use my paid leave while absent from duty, due to a injury covered under workers’ compensation. I

understand that I may uses my paid leave in the event the workers’ compensation carrier disputes my inability

to work.

\_\_\_ I choose NOT to use any available paid leave at this time. I understand that I will not receive any regular

Salary payments from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while receiving Temporary Income

Benefits under workers compensation. No available paid leave will be deducted from my leave balance. I

Further understand that by selection this option, I am not eligible for workers’ compensation weekly income

Benefits until my absence exceeds seven calendar days. I will not be paid for these first seven days of lost

Time, unless and until I am absent 14 days from work.

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

Employee’s Signature Date