

WORKERS' COMPENSATION TEMPORARY TOTAL
DISABILITY BENEFITS OR SICK LEAVE BENEFITS
ELECTION OF OPTION

Employee Name: _____	Soc. Sec. No.: _____
Date of Injury: _____	Claim No. (if known): _____
Employer: _____ (Department)	_____ (Division/Section)

To the Employee: *Please submit this completed form to your agency payroll office.* If you are absent from work due to a work-related injury, you must choose to receive *either* Temporary Total Disability benefits (TTD benefits) from Workers' Compensation or paid sick and/or annual leave, according to the Workers' Compensation Temporary Total Disability Benefits/Sick Leave policy. If you elect to receive TTD benefits, you may use sick leave *until* you receive your initial TTD benefit check; however, this leave will be restored when you reimburse your employer the net value of the paid sick leave used, according to the provisions of this policy.

Option 1

I elect to receive Workers' Compensation TTD benefits; however, I understand that I may use sick leave and/or annual leave *only until* I receive my initial TTD benefits check. I understand that while receiving TTD benefits, I will be in a leave of absence without pay status. During this leave of absence without pay, I understand that I will continue to accrue tenure credit for reduction in force calculation and for the calculation of annual increment pay. I will accrue annual leave. I **will not accrue sick leave and I will not be paid** for holidays during this leave of absence without pay.

Option 2

I elect to receive sick leave and/or annual leave benefits instead of Workers' Compensation TTD benefits for the period that I am absent from work due to a work-related injury. While I am receiving paid leave benefits, I understand that I will continue to accrue annual leave, sick leave, and be paid for holidays that occur during this period. I also understand that while I am receiving paid leave benefits, I will continue to accrue annual increment pay and years of service credit for increment calculation as well as tenure credit for reduction in force calculation. After I exhaust my sick leave and/or annual leave, I understand that I am eligible to receive TTD benefits during any remaining period of absence from work due to a compensable injury. If I receive TTD benefits, I understand that while receiving these benefits, I will be in a leave of absence without pay status. During this leave of absence without pay, I understand that I will continue to accrue tenure credit for reduction in force calculation and for the calculation of annual increment pay. I will accrue annual leave. I **will not accrue sick leave and I will not be paid** for holidays during this leave of absence without pay.

Employee's Statement: I understand that I must choose **either** Workers' Compensation TTD benefits or paid sick leave and/or annual leave, and that I am not legally entitled to both for the same period. I understand that if I elect to receive TTD benefits and choose to receive paid sick leave and/or annual leave until I receive my initial TTD benefits check, I must reimburse the net value of the paid leave to my employer, who will then restore that leave. If I fail to reimburse my employer the net value of the paid leave used, I understand such amount will be deducted from future wage payments.

Employee's
Signature: _____ Date Submitted: _____

TO BE COMPLETED BY THE EMPLOYER - This document was received by:

Signature: _____ Date Received: _____

**THE TERMS OF THE OPTIONS ARE BASED ON CURRENT RULES (07/01/05, 143CSR1, and 143CSR3) AND
ARE SUBJECT TO CHANGE THROUGH THE LEGISLATIVE RULE-MAKING PROCESS.**