Notification - Absences Less Than Eight Days Beyond Date of Injury

This letter is sent to employees who are absent for less than eight days beyond the date of injury and incur medical expenses. The *Work-Related Injury Leave Election* form should be enclosed with the letter.

Dear [EMPLOYEE]:

Your injury of [DATE] has been determined by Inservco Insurance, Inc. to be covered by the *Workers’ Compensation Act*. The *Notice to Employees Work-Related Injury Information*, sent to you with previous correspondence, explains the workers’ compensation benefits in detail. This letter explains the leave options available to you.

A *Work-Related Injury Leave Election* form is enclosed for your completion; return it by [DATE 2 WEEKS FROM LETTER DATE]. Prior to making your election about leave usage, you should consider the options, the severity of your injury, and the potential retirement implications. You may elect to use accrued sick, annual, and/or personal leave (referred to as paid injury leave), or you may elect injury leave without pay with benefits. Should you elect to use accrued leave, one day of leave will be charged for each day used. If you do not have accrued leave, you will be placed on injury leave without pay with benefits. [AN ALTERNATIVE SENTENCE IS - You were placed on paid injury leave, but because you had minimal accrued leave which only covered part of your absence, you have now been placed on injury leave without pay. You may elect not to use paid injury leave.] If you choose paid injury leave and your absence remains less than eight days, you will receive full salary. If your absence exceeds seven days, you will be entitled to the supplement (and not full salary) as described in the *Notice*.

The *Family and Medical Leave Act of 1993* (FMLA) requires the commonwealth to provide 12 weeks of leave with benefits for serious health conditions (most work-related injuries meet the definition of a serious health condition) provided the employee meets certain conditions. The Notice provides additional information about the FMLA and about your rights, benefits, and obligations while absent due to your injury. All paid and unpaid injury leave used is designated as leave under the provisions of FMLA.

Should you be absent from work due to the injury for eight days or more, please notify your supervisor immediately. It is important that your supervisor immediately inform this office so that we can notify the workers’ compensation claims administrator, Inservco Insurance Services, Inc. You may be due workers’ compensation benefits as described in the *Notice*.

I sincerely regret that you have been injured and hope that you will be able to return to work soon. Remember, you are responsible for contacting your supervisor and your claim adjuster at Inservco as soon as your doctor certifies that you are able to return to work. Also, if you become able to perform modified duties or are able to return to work on a reduced time basis (part-time), you should discuss these possibilities with your supervisor and your claim adjuster. We will work with you to assist in any way we can to help you return to your pre-injury lifestyle.

If you have any questions concerning this claim, please contact me at [ADDRESS AND/OR TELEPHONE].

Sincerely,

WC Coordinator

Enclosure:

Work-Related Injury Leave Election Form

cc: Supervisor

Note: This work-related injury does not indicate and should not be interpreted to indicate that you are regarded by the commonwealth as having a disability as defined by the ADA.