**Notice - Injury Leave Without Pay (Version 3.1.17)**

This letter is sent to employees who are absent for any time beyond the date of injury after the claim has been accepted but the employee has no accrued leave available or is a temporary employee with no leave accrual. Do not enclose a *Work-Related Injury Leave Election* form.

Dear [EMPLOYEE]:

Your injury of [DATE] has been determined by Inservco Insurance Services, 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.

Because you do not have any accrued sick or annual leave [OR because you are not eligible to earn sick or annual leave] you have been placed on injury leave without pay with benefits. Injury leave without pay with benefits may be used for the duration of your absence or up to nine months (274 calendar days), whichever is less. Benefits will continue, if you currently have benefits, as long as you continue to pay the applicable employee contributions and buy-ups.

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 FMLA and about your rights, benefits, and obligations while absent from work due to your injury. All paid and unpaid injury leave used is designated as leave under the provisions of FMLA.

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

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.