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| --- |
| **Claim Information:**  |
| Employee Name | Personnel Number | Date of Injury | Today’s Date |
|       |       |       |       |
| First Election | Estimated Biweekly Workers’ Comp | Estimated Biweekly Pd Injury Leave Supplement | Biweekly Salary at Injury |
| [ ]  Y [ ]  N |       |       |       |
| **Instructions to the Employee:** |
| Check the appropriate box(es) below to elect the type(s) of leave that you wish to use while absent due to your work-related injury. Once elected, the leave may be changed only once. A one-time change will be effective at the beginning of the next full pay period after the change is received by the HR office. Changes will not be retroactive.This form must be completed and returned as indicated by the due date below. If no election is made, Paid Injury Leave will be charged and then Injury Leave Without Pay after accumulated leave is exhausted. The leave charged because of your failure to respond timely will be counted as your first election.Please refer to the Leave and Pay Benefits section of the *Notice to Employees Work-Related Injury Information* to assist you with your leave election. |
| **Return completed forms to:** |
| Agency HR Address | Due Date |
|       |       |
| **Election:**  |
| [ ]  **Paid Injury Leave.** I elect to use accrued sick or annual leave while absent due to my work-related injury. If accrued leave is exhausted before I am able to return to work, this option will automatically convert to Injury Leave Without Pay. I understand that the Paid Injury Leave Supplement that will be paid after the first workers’ compensation check is received is the difference between my normal net salary and the workers’ compensation indemnity benefit. Based on my regular salary at the time of injury, the maximum biweekly net amount of Paid Injury Leave Supplement that I could receive is indicated above; the amount actually received could be less. If my absence is 13 days or less, the supplement for the first seven days will be my regular pay, as no workers’ compensation is payable. **Check the paid leave type(s) you wish to use and circle a number for the order of use desired.**[ ]  Sick 1 2[ ]  Annual 1 2  |
| [ ]  **Injury Leave Without Pay.** I elect to use leave without pay while absent from work due to my work-related injury. While using this leave option, I understand that no salary will be paid; only workers’ compensation indemnity benefits will be paid while absent from work. This will result in my receiving less biweekly pay because I will not receive the supplement amount listed above. If my absence is 13 days or less, no workers’ compensation indemnity benefits will be paid for the first seven days. During that time, I will receive no pay or workers’ compensation. |
| [ ]  **Both.** I elect both, and I have read and checked both boxes above. I understand that the change from one to the other must occur at the beginning of a pay period, and this is my one-time change.  **Check the order you wish to use the leave and note the pay period begin date for the change.**[ ]  I elect to use paid injury leave and then change to injury leave without pay on Pay Period Begin Date[ ]  I elect injury leave without pay and then change to paid injury leave on |
| **Employee Acknowledgement:** |
| I have read the above leave options, and I have made an informed choice. If I had questions about my leave options, I discussed them with my human resource office prior to making my decision. |
| Employee Signature | Date |
|       |  |