**Notice - Recurrence**

This letter is sent to employees who are absent for any time beyond the date of injury pending a decision from the third party claims administrator. Depending on the length of time since the original date of injury, it may be necessary to include language and additional enclosures as shown for the Notice - Pending Worker’s Compensation Decision/Windfall Letter.

Dear [EMPLOYEE]:

The recurrence of your work-related injury of [DATE] has been reported to the commonwealth’s workers’ compensation claims administrator, Inservco Insurance Services, Inc. Your claim will be reviewed to determine if it is compensable under the *Workers’ Compensation Act*; Inservco may contact you for information as part of that review.

Until a decision is reached, any absences from work will be charged to sick, annual, personal, or sick leave without pay at your request and upon receipt of required medical documentation. If your claim is accepted, the leave used will be changed, at your option, to paid injury leave or injury leave without pay. If your claim is denied, your leave records will be considered for Sick, Parental, and Family Care (SPF) Absence approval, and instructions for appealing the decision will accompany the *Notice of Workers’ Compensation Denial* issued by Inservco.

If the injury is accepted, it is important that you do not treat your first workers’ compensation indemnity check as a windfall or extra income if you continued to receive full pay while absent from work. If you are overpaid, your payroll office will recover any overpayment through either adjustment to future paychecks and/or establishment of a salary claim. Additional information regarding overpayment recovery is included on the enclosed *Notice to Employees Work-Related Injury Information*.

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.

I sincerely regret that you have been injured and hope you will be able to return to work soon. Within 21 days you will be notified of the acceptance or denial of your claim. If you have any questions, please contact me at [ADDRESS AND/OR TELEPHONE].

Sincerely,

WC Coordinator

Enclosure:

Notice to Employees Work-Related Injury Information

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.