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| **Instructions:** Complete the form and email it to the Bureau of Commonwealth Payroll Operations, Injury Leave Processing Section at CO-Disability@pa.gov. The subject line of the email should be: PILS Form [Agency# and org for agencies 11, 21, and 26]. A response will be provided within 24 hours. **Note:**  A PILS form should not be requested if the employee has no annual or sick quota available. |
| **Requestor:**  |
| Requestor | Requestor Telephone Number | Date of Request | Time of Request |
|       |       |       |       |
| Agency | Organization |
|       |       |
| **Employee Injury Information:** |
| Employee Name | Personnel Number | Bargaining Unit | Date of Injury |
|       |       |       |       |
|  | Date of First Absence |
| [ ]  Is this a recurrence? [ ]  Is this a wage employee? |       |
| **For BCPO Use Only:** |
| Gross Salary | Workers’ Comp Payment | Retirement Contribution | M/H Contribution |
|       |       |       |       |
| Response Prepared By | Date | Time |
|       |       |       |
| Annual Leave Balance | Sick Leave Balance | Personal Leave Balance |
|       |       |       |
| **PILS Amount to be Used on Leave Election Form:** |
| Estimated Paid Injury Leave Supplement Biweekly Net |
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