**Notice - End of Three-Year Eligibility Period (Version 3.1.17)**

This letter is sent to employees to notify them that injury leave will end. It should be sent 90 days in advance of the expiration of leave.

Dear [EMPLOYEE]:

On [DATE] you sustained a work-related injury. The three-year period of eligibility for work-related injury leave expires on [DATE]. **Your workers’ compensation indemnity benefits are not affected by the termination of injury leave without benefits.** You now have the following options.

RETURN TO WORK. You may return to work if medically able to do so. Upon return to work, you must provide medical documentation releasing you to return to full, unrestricted duties. If modified duties are temporarily necessary, we will work with you to make appropriate arrangements for a specified period of time. The concurrence of the treating doctor must be secured prior to your return.

RETIREMENT. If your absence appears to be long-term and if you meet the eligibility requirements, you may wish to apply for a disability or regular retirement. Accumulated, unused annual leave and a portion of sick leave, if you qualify, will be paid if you choose this option. To determine if you are eligible to retire, contact the State Employees’ Retirement System at 800.633.5461. **Please note that any application for disability retirement must be made prior to separation from employment.**

RESIGNATION. You may resign your position. In addition to the return of retirement contributions (if you are not eligible for retirement benefits), you will be paid for accumulated, unused annual leave.

APPLY FOR OTHER COMMONWEALTH EMPLOYMENT. You may apply for other commonwealth employment with job duties within your current medical restrictions. You should contact the Bureau of Talent Management at 717.787.5703 or the Civil Service Commission at 717.787.7811 or visit, [www.employment.pa.gov](http://www.employment.pa.gov) for more information. If this option is selected, and other employment is not obtained before the expiration of injury leave, you should choose one of the above options too.

APPLY FOR AN ACCOMMODATION. You may explore the possibility of an accommodation for a disability so that you are able to return to work. If you check this option, you will be referred to the disability services coordinator. This option 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 Americans with Disabilities Act (ADA).

On the enclosed duplicate copy of this letter, please check the option you have selected. Upon receipt of your option election, we will send you any forms that may be required and contact you for counseling. Please complete the telephone number and signature space that is provided and return the signed copy by [DATE 2 WEEKS FROM LETTER DATE] with your decision. If you do not respond by this date or complete one of the above options prior to the three-year eligibility expiration date, you will be placed on Unapproved Absence without Pay (AW) effective [DATE WORK-RELATED INJURY LEAVE EXPIRES], and a pre-disciplinary conference will be scheduled with you.

If you have any questions, please contact me at [ADDRESS AND/OR TELEPHONE]. PA Relay Service for the deaf or hard of hearing is available at 711 or 1.800.654.5988.

Sincerely,

WC Coordinator

Enclosure:

Duplicate Copy of Letter

cc: Supervisor

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.