Your district letterhead

**LEAVE CLAIM FORM FOR TIME LOSS DUE TO INJURY**

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| INSTRUCTIONSThe following information is to be completed by an injured employee who has a time loss claim and is eligible for paid leave (sick, vacation or other similar leave benefits). The employee has the option to receive additional pay to supplement the industrial insurance benefits that he/she may receive by using existing leaves. Make your selection in the payment provisions section below. Return completed form to the Payroll Department by the 20th of the month. |

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU WILL BE PAID:**

 Industrial Insurance Benefits: Temporary Total Disability (TTD) benefits based upon date of injury wages (typically 60% to 75% of gross wages depending on marital/dependent status up to a maximum of 120% of the state’s average wage).

 Optional Leave Benefits: You are on leave-without-pay status. However, you may voluntarily elect to receive sick/vacation leave and/or other similar benefit pay in addition to your industrial insurance benefits.

**EMPLOYEE LEAVE INFORMATION:**

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leave balances are:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sick leave hours

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vacation leave hours

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other similar type benefits

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT PROVISIONS:**

[ ]  I wish to receive only the TTD benefits I am entitled to.

[ ]  I wish to receive TTD benefits PLUS a proportionate share of accrued leave to amount to normal pay:

 [ ]  Sick [ ]  Vacation [ ]  Other similar benefit

[ ]  I wish to receive TTD benefits PLUS a full day of appropriate accrued leave benefits:

 [ ]  Sick [ ]  Vacation [ ]  Other similar benefit

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Employee signature Date

Copy: Human Resources

 Claims Liaison

Revised 5/22/09