
Directions for Using the Request for Paid Leave Form

Employees who sustain lost-time injuries covered by Workers' Compensation Insurance (WCI) may choose to remain on the payroll using paid leave (sick, vacation) or may choose to be placed on leave without pay (LWOP). In any case, approved lost-income benefits will begin where appropriate when available paid leave is exhausted or if the employee chooses to be placed on LWOP.

Please take note of the following information when completing this form:

Total Leave Available

The leave total may be broken down into days and/or hours and should reflect the employee's balance *at the time of the injury*. Department liaisons or WCI designees should separate the hours by sick leave and vacation leave available, even though there is not a place designated in that area to separate the leaves at this time. For example, a full-time employee has 40 hours of vacation leave and 50 hours of sick leave in accruals at the time of her accident. You may write "*vacation time – 40 hours*" and "*sick leave – 50 hours*" in the spaces provided. The intent of this space is to inform our insurance carrier of the amount of hours available to the employee so that wage replacement benefits may begin at the appropriate time when those hours are exhausted.

Box 1

"I wish to use all of my accrued sick leave to remain on the payroll from _____ through _____. After such time WCI wage replacement benefits will begin, provided I have not been released to return to work by a doctor."

Employees who choose this box should understand the following:

- Paid sick leave will be used for lost time; vacation leave will *not* be utilized once sick leave is exhausted.
- An employee must choose to use *all* of his/her paid sick leave or *no* paid sick leave hours to remain on the payroll during a WCI absence from work. Employees may *not* choose to use only a portion of his/her paid sick leave.
- WCI wage replacement benefits will be considered upon exhaustion of *all* the employee's sick leave accruals.

Box 2

"After my accrued sick leave is exhausted I wish to use all of my annual leave to remain on the payroll from _____ through _____. After such time workers' compensation weekly wage replacement benefits will begin, provided I have not been released to return to work by a doctor."

Employees who choose this box should understand the following:

- *All* available vacation leave will be used once available sick leave is exhausted.
- Portions of vacation leave may *not* be used once sick leave is exhausted.
- WCI wage replacement benefits will be considered upon exhaustion of the employee's vacation leave accruals.

Box 3

“After my accrued sick leave is exhausted I wish to use a portion of my annual leave to remain on the payroll from _____ through _____. After such time workers’ compensation weekly wage replacement benefits will begin, provided I have not been released to return to work by a doctor.”

Employees who choose this box should understand the following:

- A designated *portion* of vacation leave may be used after all of the employee’s sick leave is exhausted.
- WCI wage replacement benefits will be considered upon the ending date of the designated period of vacation leave.

Box 4

“I do not wish to use any portion of my accrued paid leave to remain on the payroll. Therefore, I will be placed on leave without pay. Workers’ compensation weekly wage replacement benefits will begin on the 8th day of disability resultant from my work related injury, provided I have not been released to return to work by a doctor.”

Employees who choose this box should understand the following:

- Lost time for this injury will be designated as leave without pay, despite the availability of sick leave and/or vacation accruals.
- Wage replacement benefits will not begin until the 8th day of disability; effectively, a “waiting period” of eight days is required before wage replacement will be considered. **Example:** An employee sustains an injury at work, which results in a three-day absence due to the accident. He returns on the 4th day and misses no additional time. The employee chooses box 4; he is therefore placed on LWOP for three days and is not eligible for wage replacement benefits, as he has not missed more than seven days of work as a result of the injury. **Note:** The seven day “waiting period” does not need to be missed consecutively; an employee must advise his/her supervisor when s/he misses intermittent work time as a result of a workplace injury. Wage benefits may be considered when seven *cumulative* days of work are missed.

Employee’s Signature

The HR Liaison or WCI designee may complete the form on the employee’s behalf where the employee is not available for signature. In the event the employee is unavailable:

- the department should *not* submit this form or sign for the employee until the employee has been consulted regarding his/her paid leave choices; and
- the employee should be placed into a LWOP status until contact with the employee has been established for purposes of this form.

This form may be amended, in certain circumstances, by the employee if s/he wishes to revise a choice of compensation that was previously submitted (i.e., the employee previously chose box #2, but now wishes to choose box #1). Employees who wish to amend this form may contact Total Compensation – Benefits at the number below.

NEED HELP?
Total Compensation-Benefits Office
Phone (979) 845-4141
Fax (979) 847-8546
hrcompbenefits@tamu.edu