



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:

1. Enter employee's name.
2. Enter date of injury.
3. Enter the last four digits of the employee's Social Security Number (SSN). **Note:** UIN numbers are not sufficient for WCI purposes. This box may be left blank if the SSN is not available.
4. Leave blank
5. Enter the employee's available sick and vacation leave balances. Please ensure the balances are separated as shown on this line.

Employees must choose one of the boxes 6-8 as outlined below:

6. 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.
 - 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.

Liaisons: Please ensure the dates provided in this box are accurate and represent the dates the sick leave is available.
7. Employees who choose this box should understand the following:
 - Depending on the employee's choice, a portion, or all, of available vacation leave will be used once available sick leave is exhausted.
 - WCI wage replacement benefits will be considered upon exhaustion of the employee's vacation leave accruals.

Liaisons: Please ensure the dates provided in this box are accurate and represent the dates the vacation leave is available.
8. 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.
 - Employees who receive wage replacement benefits are required to maintain their health insurance / optional coverage premiums. Benefit Services may be contacted at 979-862-1718 to discuss any premiums due.
 - 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 8; 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.

9. **Employee’s signature:** The HR Liaison or 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 #6, but now wishes to choose box #7). Employees who wish to amend this form should contact the appropriate person in their department or contact Benefit Services at the number below.

NEED HELP?
Benefit Services
Phone (979) 862-1718
Fax 979-862-3128
benefits@tamu.edu