

Last Name	First Name	Social Security Number
School/Department	Position	Bargaining Group
First Day of Leave & Time	Last Day of Leave & Time	Total Days
<input type="radio"/> A.M. <input type="radio"/> P.M.	<input type="radio"/> A.M. <input type="radio"/> P.M.	

Please send the completed Workers' Compensation Leave Options form to Risk Management. Also, be sure to complete the Report of Occupational Injury or Illness form and send immediately to Risk Management.

Workers' Compensation Law provides payment of compensable time-loss injuries after a waiting period of 3 days. Please be advised that the 3-day waiting period does include weekends and holidays in the calendar count.

NOTE: Your bargaining group's negotiated agreement will determine your options pertaining to a work-related injury or illness:

Retirements Systems PERS and TRS: Time loss due to Workers' Compensation is leave without pay which may impact your retirement. Please contact the ASD Retirement Specialist for additional information.

AEA Please choose one of the options below
 I choose to use my sick leave days on the following basis, based on availability:

½ day for each day of leave
 1 full day for each day of leave
 I choose to take leave without pay

ACE Please prioritize your leave options below (#1, #2, #3) OR select leave without pay option

Annual Leave Days
 Non-Work Days
 Sick Leave Days
 I choose to take leave without pay

APA, Exempt, Maintenance Please choose one of the options below

I choose to use my sick leave OR annual leave, based on availability
 I choose to take leave without pay

Student Nutrition, TOTEM Please choose one of the options below

I choose to use Annual Leave for the first 3 days on Workers' Compensation.
 I choose **NOT** to use Annual Leave for the first 3 days on Workers' Compensation.

Local 71, TOTEM Please initial below

I understand that I may be able to supplement my income while on Workers' Compensation by cashing in leave (subject to availability) in accordance with the applicable negotiated agreement. Please review your negotiated agreement for further information.
NOTE: You must complete Payroll Form #701 Cash Leave Request in order to cash in leave.

If you choose an option that will keep you in paid status the following applies:

- Membership credit for the number of days in paid status in PERS or TRS, if applicable, will be received
- Workers' Compensation will be received, if applicable
- Medical and Life coverage, where applicable, may continue to be provided by the District

If you choose to take leave without pay the following will apply:

- Retirement Service may be affected
- Workers' Compensation will be received, if applicable
- Medical and Life coverage may not be provided by the District (refer to your negotiated agreement)
- Your regular earnings will not be received

Should your Workers' Compensation leave continue beyond 10 days, please complete the Request for Family Medical Leave form (HR #105). Please contact the District Leave Specialist for additional information regarding Family Medical Leave. I understand the information above and how it pertains to my pay and retirement. I also understand that once elected, my decision cannot be changed.

_____ **Employee Signature** _____ **Date**

Office use only:

Risk Management Human Resources Payroll