Anchorage School District **Workers' Compensation Leave Options**

Last Name	First Name	Social Security Number
School/Department	**Position**	**Bargaining Group**

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

The following forms must be completed and submitted to Risk Management immediately:

- **Report of Occupational Injury or Illness**
- **Physician Statement Regarding Work Status**
- **Workers' Compensation Leave Option**

NOTE: Your bargaining group's negotiated agreement will determine your options pertaining to a work-related injury or illness.
Retirement Systems PERS and TRS: Time loss due to Workers' Compensation is leave without pay, which may affect 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:
____ Half 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 OR ____ I choose to take leave without pay
____ Sick leave days

APA, Exempt, Maintenance 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

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, Bus Drivers/Attendants
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 will apply:
- 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 Anchorage School 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 Anchorage School District (refer to your negotiated agreement)
- Your regular earnings will not be received

Should your Workers' Compensation leave continue beyond 3 days, please complete the Request for Family Medical Leave form (HR #105). Please contact the ASD 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