

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

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

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

<b>AEA</b> Please choose one of the options below: I choose to use my sick leave days on the following basis, based on availability: <input type="checkbox"/> Half day for each day of leave <input type="checkbox"/> I choose to take leave without pay
<b>ACE</b> Please prioritize your leave options below (1, 2, 3) OR select leave without pay option: <input type="checkbox"/> Annual leave days <input type="checkbox"/> Non-work days      OR <input type="checkbox"/> I choose to take leave without pay <input type="checkbox"/> Sick leave days
<b>APA, Exempt</b> Please choose one of the options below: <input type="checkbox"/> I choose to use my sick leave, based on availability <input type="checkbox"/> I choose to take leave without pay
<b>Maintenance</b> Please choose one of the options below: <input type="checkbox"/> I choose to use annual leave for the first 3 days on Workers' Compensation <input type="checkbox"/> I choose NOT to use annual leave for the first 3 days on Workers' Compensation
<b>Student Nutrition</b> <input type="checkbox"/> I understand that I must use accrued annual leave for up to the first three (3) days of time lost. If I have no accrued annual leave time available, the time lost shall be unpaid.
<b>TOTEM</b> <input type="checkbox"/> I understand that I must use accrued compensatory time, and then annual leave for up to the first three (3) days of time lost. If I have no paid leave time available, the time lost shall be unpaid.
<b>Local 71, TOTEM, Bus Drivers/Attendants</b> <input type="checkbox"/> 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. <b>NOTE:</b> You must complete Payroll form #701, Cash Leave Request, in order to cash in leave.
<b>If you choose an option that will keep you in paid status, the following will apply:</b> <ul style="list-style-type: none"> <li>• Membership credit for the number of days in paid status in PERS or TRS, if applicable, will be received</li> <li>• Workers' Compensation will be received, if applicable</li> <li>• Medical and life coverage, where applicable, may continue to be provided by the Anchorage School District</li> </ul> <b>If you choose to take leave without pay, the following will apply:</b> <ul style="list-style-type: none"> <li>• Retirement service may be affected</li> <li>• Workers' Compensation will be received, if applicable</li> <li>• Medical and life coverage may not be provided by the Anchorage School District (refer to your negotiated agreement)</li> <li>• Your regular earnings will not be received</li> </ul>
<b>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.</b> <i>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.</i>
<div style="display: flex; justify-content: space-between;"> <div>Employee Signature _____</div> <div>Date _____</div> </div>