

An employee will use this form to elect whether he/she would like to supplement, or decline to supplement, his/her pay, while out on Workers' Compensation Leave due to work-related injury or illness. Click [here](#) to access form instructions.

SECTION 1. KEY INFORMATION – EMPLOYEE

*** Indicates Required Fields**

Employee ID #* (8 Digits)	Last Name*	First Name*	M.I.

SECTION 2. EMPLOYEE ELECTION

I have read and understand my options, as listed in the instructions, and elect the following option: *	
<input type="checkbox"/>	Option 1: Use sick and vacation leave to supplement temporary disability checks.
<input type="checkbox"/>	Option 2: Use only sick leave (not vacation) to supplement temporary disability checks.
<input type="checkbox"/>	Option 3: No use of leave accruals to supplement temporary disability checks – Leave without Pay Status.
Additional Comments	

SECTION 3. EMPLOYEE SIGNATURE

Signature*	Date* (m/d/yyyy)