



ELECT LEAVE BENEFITS WITH WORKERS' COMPENSATION (NO OFFSET)

Name _____ Employee number _____

Position _____ Department/Campus _____

This employee is absent from duty because of a job-related illness or injury beginning on _____. If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

District authorized signature

Date

Employee choice:

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that the district will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on paid leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on unpaid leave that is not FMLA leave. I choose the following option:

- I choose to use only ____ days of available paid leave at this time.
I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
I choose not to use any available paid leave at this time. I understand that I will not receive any regular salary payments from Denton ISD while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will only receive workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

Employee signature

Date

For Claims Reporting Purposes Only:
For all employees:
Amount of leave paid to employee: \$ _____.
Daily rate: \$ _____.
Period of payment: from ___/___/___ through ___/___/___
for ___ days or ___ weeks
Payroll Signature: _____ Date: _____
For hourly employees only:
Hourly rate: \$ _____.
Number of hours paid: _____
Payroll Signature _____
Date: _____

