

Date

Name/Address

Dear:

RE: Industrial Insurance and Disability Leave Payments

The business office has been notified of your possible job-related injury/illness. The purpose of this letter is twofold: (1) to explain that you need to select an option for how you would like to be paid while you are unable to work if and when you receive time-loss payments from the Department of Labor and Industries and (2) to inform you of the procedure that will be used to pay for the employer portion of your health care benefits while you are unable to work due to an allowable injury.

Depending on whether your claim is allowed, the Department of Labor & Industries may be preparing to issue you a time-loss compensation payment for your loss of work time. Since you are not entitled to both sick/vacation leave from the District and Workers' Compensation from the Department of Labor & Industries, as explained in Administrative Procedure No. 3410P-4/5500P-3 (attached), you need to select an option indicating how you would like to be paid while you are unable to work.

**Check one Option below and return to the business office on or before (insert date):**

- Option A. State Industrial Insurance only (No use of your sick/vacation)
- Option B. District sick/vacation leave only (No use of State Industrial Insurance)
- Option C. Combination Industrial Insurance and district sick/vacation leave
- Option D. No choice

If you select Option B or C, please bring the industrial insurance check(s) or record of payment(s) to the business office where appropriate deductions and/or endorsements will be made. This letter must be returned to the business office within ten days of the date that appears on this letter. If it is not received within 10 days of the date that appears on this letter, the district will implement Option A. **If you have questions regarding the above options, please call the Payroll Office at 383-9204 and they will be able to explain the effects on your retirement, etc.**

The district will continue to pay the employer portion of health benefits so long as you are being paid on a regular periodic basis through our payroll system. Once you are no longer being paid through our payroll system, the district will continue to pay the employer portion of health benefits for a period of not more than three months (twelve weeks.) The twelve-week period would be granted as a result of you requesting/qualifying for FMLA or, if not,

an employer approved leave of absence. You will need to submit a written request for a leave of absence to be approved by Diane Beaman (classified) or Elvis Dellinger (certificated.) Please note that this would be an either/or for a total of twelve weeks, not twelve weeks of FMLA in addition to the leave of absence. Following the twelve-week period, the district will discontinue paying the employer portion of your health care benefits and notify the Department of Labor & Industries that we are no longer paying the employer portion of health benefits. The Department will then increase your time loss payments by a percentage (not 100%) of the employer paid health benefit. You may then elect to continue health benefit coverage under COBRA for a period of eighteen months.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Sincerely,

Ronald M. Cowan  
Assistant Superintendent  
Business & Support Services

RMC:dls

c: Allysa Bronson  
Labor & Industries  
t.f.

Enclosure (Admin Procedure)