



# COVINGTON INDEPENDENT PUBLIC SCHOOLS

25 East Seventh Street ★ Covington, Kentucky 41011 ★ 859.392.1000 ★ 859.292.5801 TTY ★ 859.292.5916 fax

Chartered 1850 ★ An Equal Opportunity Employer M/F/D

**ALVIN L. GARRISON**

Superintendent of Schools

## WORKER'S COMPENSATION BENEFIT DECLARATION FORM

Board of Education Policy 03.124 states, in part, "Employees claiming worker's compensation income benefits who have sick leave days available may choose to use sick leave to maintain full salary for days they are unable to work. However, in no event shall employees be entitled to payment more than 100% of full contracted salary. Should an employee elect to take paid sick leave, the employee shall assign (pay) any worker's compensation pay benefits to the Board for whatever time the employee received paid sick leave". Since you will be collecting worker's compensation pay benefits, we ask that you complete this form and choose one of the options below:

**PLEASE CONSULT WITH THE BENEFITS COORDINATOR PRIOR TO MAKING THIS DECISION. IT MAY IMPACT YOUR CURRENT BENEFITS, INCLUDING HEALTH INSURANCE.**

EMPLOYEE NAME: \_\_\_\_\_

(Please Print)

I choose not to use sick leave during my absence

I choose to use sick leave and I will pay the Board of Education the amount I receive in worker's compensation pay benefits.

Dates of Absence:

Beginning date \_\_\_\_\_ Ending date (if known) \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

Return this form to: **Scott Hornblower**

**Covington Independent Public Schools**

**25 East 7<sup>th</sup> St., Covington Ky. 41011**

**Phone- (859) 392-1004, Fax (859) 292-5827**