



OPTIONAL SUPPLEMENT TO UNPAID WORKERS' COMPENSATION LEAVE

EMPLOYEE NAME _____

SSN: XXX-XX-_____ (last 4 digits only)

COST CENTER # _____

DATE OF ACCIDENT/INJURY _____

For any time lost as a result of the above date of accident/injury (after initial ten days-W01), I hereby authorize the School Board of Volusia County to reduce my sick leave/annual leave* by an amount necessary to supplement my workers' compensation benefits while I am on unpaid workers' compensation leave status (U07) so that the combination of workers' compensation plus sick and/or annual leave equals my regular salary.

*Please indicate your choice(s) _____ Sick Leave
_____ Annual Leave

_____ I do NOT authorize use of my leave time. Thus, I will not receive a paycheck from the School Board while on unpaid workers' compensation leave (U07) based on this choice. I will instead receive only 2/3 of my normal paycheck from the third-party administrator while in U07 leave.

SIGNATURE OF EMPLOYEE _____ DATED _____