



GODLEY INDEPENDENT SCHOOL DISTRICT

Paid Leave Election Form for Absences Due to Work Related Injury/Illness



Name: _____ Employee Social Security #: _____

Position: _____ Department/Campus: _____

Date of Injury: _____

INFORMATION:

Workers' Compensation generally pays 70% of an employee's average weekly wage up to a maximum set by the state of Texas. The maximum is changed annually by the Division of Workers' Compensation of TDI. For more information please visit the Division of Workers' Compensation website: <http://www.tdi.state.tx.us/we/employee/documents/maxminbens.pdf>

You may elect to have district benefits paid for the first week of absence as no income payments are made through workers' compensation until the 8th calendar day of absence. Additionally, from the 8th calendar day forward, you may elect to have district benefits paid in lieu of workers' compensation temporary income benefits. (TBI) Based on the election made below, this form directs the district to either pay or not pay your sick/personal leave during your absence. Please make an election, sign, and date then submit this form to your supervisor along with the completed Employee Accident Report. Completed accident reports and leave election forms are to be faxed to **Julie Price** at 817-592-4273. If you have any question please contact **Julie Price** at 817-592-4300.

Please note that disability insurance coordinates with workers' compensation income benefits and paid leave. Please refer to Financial Benefit Services website at www.gisdbenefits.com under Benefits and & Forms for complete information. If there are any questions please contact **Cheri Johnson** at 817-592-4204.

Election:

I will be 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 7 calendar days. I choose the following option:

_____ I choose to use paid leave for the first 7 days (1 week) of absence. Per DWC rules, workers' compensation income benefits Begin on the 8th calendar day (second week) of absence.

_____ I choose to use _____ days for available paid leave at this time. I understand that I will not receive workers compensation weekly income benefits until I have exhausted all requested paid leave or to the extent that paid leave does not equal my pre-illness or pre-injury wage.

_____ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits I have exhausted all of my available paid leave or to the extent that paid leave does not equal my pre-illness or pre-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 Godley 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 on the 8th day of absence resulting from my work-related illness or injury, unless and until I communicate to the district a change of my decision in writing.

Employee Signature

Date