

Report of **Voluntary** Use of Leave Entitlement to Temporary Income Benefits

Per Rule 129.2 of the Texas Workers' Compensation Act, an employee's entitlement to temporary income benefits may be affected by voluntary use of accrued leave after an on-the-job injury. The value of accrued sick/annual leave is considered by the Division of Workers' Compensation (DWC) to be post-injury earnings and if those earnings (the value of the leave time) equal or exceed your average weekly wage, you will be considered to have lost no wages and the workers' compensation carrier will not be required to pay temporary income benefits to you.

This is only applicable if you **voluntarily** elect to use your accrued leave instead of receiving workers' compensation benefits and is only applicable for the amount of accrued leave time that you choose to utilize.

The **choice** in this matter is **solely** yours, the **employee**. Employers may not arbitrarily mandate employees to use accrued leave time in order to minimize the usage of the employer's workers' compensation coverage.

Please be aware that workers' compensation benefits are based on compensable disability, your average weekly wage at a percentage of either 70% or 75% dependent on your hourly rate, and subject to a minimum/maximum rate as established by the DWC.

Please complete the following information to affirm the voluntary use of accrued leave benefits after an on-the-job injury.

Employee's Name (Last, First, MI)		Social Security No. XX-XXX-	Date of Injury (mm/dd/yyyy)
Date Lost Time Began: (mm/dd/yyyy)	Accrued Sick/Annual Leave Use?: ☐ Yes, I elect to use my available accrued leave. ☐ No, I do NOT elect to use my leave and understand I will be placed on leave without pay. I understand workers' compensation benefits will begin on the 8 th day of disability and that days 1 – 7 of disability will not be issued unless and until I have reached 14 days of disability.	Total Leave Available: _____ Number of Days to be Used: _____ Dates Leave To be Used (mm/dd/yyyy): Beginning: _____ Ending: _____ Gross Value of Leave: Daily: _____ Weekly: _____	

The information above is accurate to the best of my knowledge. It may be relied upon for evaluation of my eligibility for benefits.

Employee Signature

Date

Printed Name and Signature of Employer Representative

Date

'Verbal' election due to the employee's inability to physically sign.

Reason employee is unable to physically sign: _____

Verbal election given to above employer representative on this date/time: _____