



Employee Leave Election Form

Employee Name: _____ **Position:** _____

Work Location: _____ **Date of Incident:** _____

In the event you receive workers' compensation time-loss benefits from the ESD 113 Workers' Compensation Trust, you have the option of supplementing your benefit income by using a portion of your vacation and/or sick leave benefits, as long as you have benefits available to you. For any one-day, the combination of sick and vacation leave hours taken cannot exceed the number of hours that you are regularly scheduled to work.

The way you use your vacation leave and sick leave benefits could affect your eligibility for employer-sponsored health care benefits and retirement contribution; therefore, we encourage you to contact Payroll at 360-709-7029 to review your option before exhausting all leave that may be available to you.

Please choose from the following:

1. For every day that I am paid time loss benefits, I elect to use _____ (number) hours of **SICK** leave (not to exceed the number of hours that you are regularly scheduled to work per day).
2. For every day that I am paid time loss benefits, I elect to use _____ (number) hours of **VACATION** leave (not to exceed the number of hours that you are regularly scheduled to work per day).
3. _____ I elect to be **UNPAID** and not use any accrued leave to supplement my time loss benefits during the time of my disability from work. **If you choose this option, you MUST submit an absence slip indicating "Unpaid Hours – L&I" to payroll.**

I understand that the election I make above may impact my medical benefits and I am responsible for contacting Tumwater School District's Payroll Department to ensure I am fully informed of such impact. I also understand I may change my election at a later date.

Employee Signature

Date

Complete and return this form to Jennifer Bush in Human Resources