Warren County Board of Education

303 Lovers Lane
Bowling Green, KY 42103
Phone: 270-781-5150 ◆ Fax: 270-840-0134

Workers' Compensation
Lost Time Benefit Waiver

Employee Name _____

Claim Number _____

I understand that I am eligible for lost wages, however at this time I do not want to accept wages through Kentucky Employers Mutual Insurance (KEMI) for the work injury dated _____. I am electing to use my sick leave benefits through Warren County Board of Education.

_____
Employee Name

_____
Employee Signature

_____
Date

_____
Warren County Board of Education Representative Witness

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*I am now choosing to collect my lost wages through Kentucky Employers Mutual Insurance (KEMI), instead of using my sick leave benefits through Warren County Board of Education.

_____
Employee Signature

_____
Date

_____
Warren County Board of Education Representative Witness