STANWOOD-CAMANO SCHOOL DISTRICT

LEAVE CLAIM FORM FOR TIME LOSS DUE TO INJURY

INSTRUCTIONS
The following information is to be completed by an injured employee who has an approved time loss claim and is eligible for paid leave (sick, personal and/or vacation leave). The employee has the option to receive additional pay to supplement the time loss payments that they may receive by using existing leaves. Make your selection in the payment provisions section below. Return completed form to DeAnne St.Germaine in Human Resources

Employee
Location
Date of Injury

Department
Position
Claim #

YOU WILL BE PAID:

Industrial Insurance benefits: Temporary Total Disability (TTD) benefits based upon date of injury wages typically 60% to 75% of gross wages depending on marital/dependent status (up to a maximum of 120% of the state's average wage).

Optional leave benefits: You are on leave-without pay status with the District while off work related to a work injury. However, you may elect to receive accrued leave pay to supplement your industrial insurance benefits.

PAYMENT PROVISIONS:

☐ (Option 1) – If eligible for time loss benefits from the Puget Sound Workers Compensation Trust (PSWCT), I wish to receive only those time loss benefits. Do not apply any of my available accrued paid leave.

☐ (Option 2) -I wish to use my accrued leave balance(s) to keep my pay in force with the District during range of time I am receiving time loss benefits from Puget Sound Workers Compensation Trust (PSWCT) and buy back the proportionate share of sick leave used with the payment(s) I receive for time loss benefits.

☐ (Option 3) If eligible for time loss benefits from the Puget Sound Workers Comp Trust (PSWCT), I wish to receive those benefits **AND** use my available leave to keep my pay in force with the District. Please apply the following accrued leave type(s) during my time off work due to injury.

Sick

Vacation

Personal

Note Unpaid time off with District will impact your creditable experience for the school year and may impact your future salary schedule placement, as well as seniority.
Your elections may also impact medical benefit eligibility retirement and holiday pay. To discuss any possible impact, you can contact the payroll department.

_____ _____
Employee signature Date

Copy: Human Resources
Claims Liaison
Payroll