



Explanation of the “Workers’ Compensation Sick/Annual Accrued Leave Election Form”

Please read before completing the attached form. Any questions regarding your leave election should be directed to the Office of Human Resources at ext. 2230.

Title 85, known as the Workers’ Compensation Act allows any injured public school employee to receive up to 70% of their wage, not to exceed \$683/week (*effective 01-Nov-2008*). This is tax-free. For the majority of workers, the 70% TTD check approximates the employee’s normal take-home pay, so many elect **Option # 3** on the attached form. This protects the full value of their accrued sick/annual leave.

The Act provides that a School employee must be allowed the opportunity to supplement their workers’ compensation benefits by using a pro-rated portion of their accrued sick/annual leave time. University policy allows employees to supplement their TTD payments by using three (3) hours per day of their unused earned leave balances (Personal Leave and Vacation, noted on the form as “accrued sick/personal leave time”). By electing **Option # 1**, employees will receive a reduced payroll check from the University, which will augment TTD (Total Temporary Disability) payments received from Workers’ Compensation.

The first three days off work for any Workers’ Compensation injury are considered a waiting period; no Workers’ Compensation benefits are paid during this time. University employees may elect to use 8 hours per day of their unused earned leave to cover this time by selecting **Option # 2** on the election form.



Workers' Compensation-Sick/Annual Accrued Leave Election Form

The University shall provide the benefits established under the Oklahoma Workers' Compensation Act Title 85 (Sec. 2e) to all University employees who are injured in on-the-job accidents. *All regular employees who are injured in on-the-job accidents shall receive statutory benefits including medical expenses, temporary compensation and benefits for permanent disability or death and are allowed to make an election to supplement their temporary compensation.*

I suffered an on-the-job injury on (month, day, year) _____, while working for Northeastern State University. As a result of the injury, I acknowledge that I am entitled to receive temporary disability compensation according to the Workers' Compensation laws of Oklahoma. I further understand that I am entitled to receive such compensation for a period of time as may be provided for by law. I have accumulated certain sick leave/personal leave benefits, because of my employment, which are available to me when I am unable to work because of illness or injury, in accordance with the University's Medical Leave policy.

Place an "X" in the appropriate option(s) below

Mark One: Certified Support Personnel

1. I am electing to have my workers' compensation benefits supplemented by deducting a pro-rated portion from my accrued sick/personal time.

Number of days _____ (To be filled in by a Human Resources representative)

I understand that by choosing to be paid my accrued sick leave/personal leave in addition to the temporary disability provided by law, I will be paid my sick leave/personal leave on a pro-rated basis to the extent that I will receive my full wages until I return to work or the number of sick leave/personal leave days I have are exhausted. I understand that after the number of specified sick leave/personal leave days are exhausted, I will receive temporary disability compensation for a period of time as may be provided for by law. I understand that my accrued sick leave/personal leave benefits will be decreased on a prorated basis by those days I use as a result of making this election.

2. I am electing to be paid for the waiting period by deducting 3 days of wages from my sick/personal accrued leave time.

Under the Workers' Compensation Act, temporary benefits begin the fourth day off work due to an on-the-job injury. The first three days are considered a waiting period during which time temporary benefits are not paid, but I request that I be paid my accrued but unused sick leave/personal leave to cover these three days.

(Note: if you are electing to be paid a supplement to your weekly workers' compensation benefits, and also to be paid for the 3-day waiting period, you must mark your election to both numbers 1 & 2.)

3. I do not authorize the use any of my accrued sick leave/personal leave benefits while I am off work due to my on-the-job injury. I will be paid only the Workers' Compensation benefits allowed by law.

Name _____ Social Security # _____
Last First Middle

Address: _____
Number and Street City State Zip Code

Employer: Northeastern State University Department _____ Job Title _____

Signature of employee _____ Date _____

Witness: _____
University Representative