The University of Texas System

# WORKERS' COMPENSATION INSURANCE
# EMPLOYEE'S LEAVE ELECTION

Employee's Name _____ Claim Number _____ Date of Injury _____

If you have an on-the-job injury covered by workers' compensation insurance and are unable to work because of the injury, The University of Texas System will allow you to remain on the payroll by using all paid leave available to you.

If you choose to use paid leave, you must first use all available sick leave. Once all sick leave has been used, you may then choose to use one or more days of other paid leave in lieu of receiving temporary income benefits (TIBs). If you are still unable to work after using all paid leave, you will be removed from the payroll and TIBs may begin.

If you do not wish to use leave, or all leave is exhausted, please be advised:

You are not eligible for TIBs unless you miss more than 7 days of work due to your injury. This seven-day waiting period is only payable if your inability to work extends to the 14th day.

## EMPLOYEE ELECTION

**Choose only ONE election, either Option 1 OR Option 2 below:**

☐ **OPTION 1 - Paid Leave**

When I lose time from work due to this injury or illness, I elect to use all accrued sick leave to remain on the payroll.

**Once sick leave has exhausted, choose one of A, B, or C below:**

☐ A. All of my other available leave.

☐ B. A portion of my other available leave. I wish to use hours of my other available leave.

☐ C. None of my other available leave.

☐ **OPTION 2 - Leave Without Pay**

I do not wish to use leave. Place me on leave without pay for all lost workdays.

I understand temporary income benefits (TIBs) will begin following the statutory seven-day waiting period if I have not been released to return to work.



## OFFICE USE

**EMPLOYEE LEAVE BALANCE AS OF: ___ / ___ / _____ (MM/DD/YYYY)**

**Sick Leave:** _____hours **Other Leave*:** _____ hours (Include *Vacation, Compensatory, Other*)

- The first full workday covered by sick or other leave balance is ___/___/_____

**Leave Exhaustion Dates:**

- The first day of Leave Without Pay (LWOP) is ___/___/_____
  (This date should correspond to the first unpaid leave date on the employee's paycheck)

By signing below, I understand that I may not change my sick leave election once submitted. Once sick leave is exhausted, I may use all or a portion of other available leave before being placed on TIBs.

_____ _____
Employee or Employee Representative Signature Date