

Request for L&I Disability Insurance and Sick Leave Payments

The following information is to be completed by an injured employee who has a time loss claim and is eligible for paid leave (sick, vacation or other similar leave benefits). The employee has the option to receive additional pay to supplement the industrial insurance benefits that he/she may receive by using existing leaves. Make your selection in the payment provisions section below. Return completed form to the Payroll Department by the 15th of the month.

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 NWESD unless you indicate otherwise by choosing one of the applicable options below. The options allow you to voluntarily elect to receive sick/vacation leave and/or other similar benefit pay in addition to your industrial insurance benefits.

Having reviewed Policy 6530 and Procedure 6530-P, I hereby make the following irrevocable election in the handling of my pay while I am disabled due to an industrial accident. (Choose one payment provision)

PAYMENT PROVISIONS:

- I wish to receive only the TTD benefits to which I am entitled.
- I wish to receive TTD benefits PLUS the following chosen percentage of my daily pay through accrued leave:
- I wish to receive _____ % (percent) of my daily pay.
(Note this would be rounded to the closest fifteen (15) minutes increment of scheduled worked hours, pursuant to Policy 5401.)
 - Sick
 - Vacation
 - Other similar benefit

Employee signature

Date

APPROVAL/IMPLEMENTATION:

Superintendent: _____

Received: _____

Date Approved: _____

Received by Payroll Office:
Date: _____
Initial: _____