



THE TEXAS A&M UNIVERSITY SYSTEM

System Risk Management

WORKERS' COMPENSATION INSURANCE REQUEST FOR PAID LEAVE

Please forward promptly with the DWC-1 after an injury resulting in lost time.

Name of Employee _____ Date of Injury _____

Social Security # _____ Claim Number _____

If you sustain a disabling on-the-job injury covered by Workers' Compensation Insurance, you may remain on the payroll until your accrued paid leave is exhausted. If you have not been released to return to work by your treating doctor after accrued paid leave is exhausted, you will be placed on Leave Without Pay. Workers' Compensation Weekly Wage Replacement Benefits, as prescribed by Statute, will be initiated.

An employee may elect to use accrued sick leave before receiving income benefits. If an employee elects to use sick leave, the employee is not entitled to income benefits until he/she has exhausted their accrued sick leave. An employee may elect to use all or any number of weeks of accrued vacation after the employee's accrued sick leave is exhausted. If an employee elects to use vacation, he/she is not entitled to income benefits until the elected number of weeks of vacation has been exhausted.

TOTAL LEAVE AVAILABLE _____ **SICK LEAVE** _____ **VACATION** _____

_____ I wish to use all of my accrued sick leave to remain on the payroll from _____ through _____. I choose not to use any of my accrued vacation. Workers' compensation weekly wage replacement benefits will begin after accrued sick leave is exhausted, provided I have not been released to return to work by a doctor.

_____ I wish to use all of my accrued sick leave to remain on the payroll from _____ through _____. After my accrued sick leave is exhausted, I wish to use a portion or all of my vacation to remain on the payroll from _____ through _____. After such time workers' compensation weekly wage replacement benefits will begin, provided I have not been released to return to work by a doctor.

_____ I do not wish to use any portion of my accrued paid leave to remain on the payroll. Therefore, I will be placed on leave without pay. Workers' compensation weekly wage replacement benefits will begin on the 8th day of disability resultant from my work related injury, provided I have not been released to return to work by a doctor.

While using accrued sick leave and/or vacation the employer is paying \$ _____ per week in gross wages to the injured employee.

Injured employee's signature or signature of person submitting form on the employee's behalf:

Signature _____ Date _____

Return to: Office of Risk Management 301 Tarrow Street, 5th Floor College Station TX 77840-7896
Phone 979-458-6330 ♦ Fax 979-458-6247 Campus Mail Stop 1262