

Instructions

Employee's Election Regarding Utilization of Sick and Annual (vacation) Leave

Deadline for Submission:

This form should be completed and submitted within *2 business days*.

Completed by:

This form shall be completed by the injured employee. If the employee is incapacitated the spouse, child or legal guardian may sign the form. This form must be signed and dated.

Instructions:

1. This form must be signed and dated.
2. **Give this form to your supervisor or their designated representative.**

An employee may elect to use accrued sick leave and all, part, or none of their accrued vacation leave for time missed from work due to a work related injury. Accrued sick leave and accrued vacation leave are the amounts of paid leave available at the time of injury in addition to leave earned after the injury. The following details the effects of the different choices available to you.

If You Choose Election 1

You must use all accrued sick leave but may elect to use all, some, or none of your accrued annual leave. All sick leaves must be exhausted before annual leave may be used.

- Election 1A-Use all accrued sick leave and all annual leave
- Election 1B-Use all accrued sick leave and a portion of accrued annual leave
- Election 1 C-Use all accrued sick leave and no accrued annual leave

You will continue to receive your full pay as long as you have accrued time available to use and have authorized UH to use it for your injury. If your elected leave is exhausted, you may receive income benefits to replace a portion of your lost wages. This may be 70% or 75% of your average weekly wage (subject to a maximum) depending on your wages at the time of your injury.

If You Choose Election 2

You choose to not use any sick or annual leave for your compensable injury. UH may immediately place you on a leave without pay status.

You may not receive any workers' compensation income benefits for the first seven (7) calendar days you are unable to work. If eligible, your income replacement benefits will begin on the 8th day of disability and employees who are unable to work for 14 days will receive retroactive benefits for the first seven days at a rate of 70 or 75% of your weekly wage (subject to a maximum) depending on your wages at the time of your injury.

Monthly Payment of TIB Election

This election does not affect your other elections. If you choose this election monthly TIBs payment shall be issued instead of weekly TIBs.



State Office of Risk Management

EMPLOYEE'S ELECTION REGARDING UTILIZATION OF SICK AND ANNUAL LEAVE

Employee's Name _____ Date of Injury _____

Employee's SSN _____ Agency _____

You are not required to use your leave. Texas Labor Code §501.044 allows an injured state employee to elect to use accrued sick and annual leave before receiving income benefits. Sick leave must be exhausted before annual leave may be used. Other categories of leave (compensatory leave, holiday leave, administrative leave, etc) may not be used prior to sick and annual leave.

Select only ONE election from the first two elections by initialing your choice. Monthly TIB election does not affect your other election.

ELECTION 1 (must choose A, B, or C) Sick leave must be exhausted before annual leave may be used

When I lose time from work due to this injury or illness, I elect to use all of my accrued sick leave AND:

- A. All of my accrued annual leave.
B. A portion of my accrued annual leave (enter number of hours: _____).
C. None of my accrued annual leave. Available Hours: Sick _____ Annual _____

ELECTION 2

- When I lose time from work due to this injury or illness, I elect to not use any accrued sick leave or annual leave. I understand I am not entitled to workers' compensation income benefits until after the seven (7) calendar day waiting period.

MONTHLY TIB ELECTION

- I elect to change my Temporary Income Benefits frequency from weekly to monthly.

I understand that I may not change my election after my eighth (8th) day of disability and signing this form. I have read the reverse side of this form,

Employee's Signature _____ Date _____ Coordinator's Signature _____ Date _____