

FORM TO ELECT LEAVE BENEFITS WITH WORKERS' COMPENSATION (NO OFFSET—ENGLISH VERSION)

Name Employ		e number	
Position	Department/	nt/Campus	
This employee is absent from duty beca first absence attributable to illness or in begin paying a percentage of the emplo duty if an extended absence is required.	injury). If eligible, worke byee's current wages on t	ers' compensation insurance may	
District authorized signature	Date		
Employee choice:			
I am absent from duty because of a job- for workers' compensation weekly inco I also understand that the district will co health insurance coverage (if applicable leave (FMLA). I further understand tha premiums if I am on unpaid leave that	ome benefits until my abscontinue to pay its contribe) as long as I am on pai at I will be responsible for	bution toward the cost of my group id leave and/or family and medical or paying all health insurance	
☐ I choose to use only days	s of available paid leave	at this time.	
☐ I choose to use all available paid compensation weekly income be the extent that paid leave does n	enefits until I have exha	usted all of my paid leave or to	
☐ I choose not to use any available receive any regular salary paym income benefits under workers' from my leave balance. I further only workers' compensation was related illness or injury, unless a decision.	nents from <u>Georgetown</u> ; compensation. No avail or understand that by sele age benefits for any absentance.	ISD while receiving weekly lable paid leave will be deducted ecting this option, I will receive ences resulting from my work-	
Employee signature	Date	Date of Injury	
For Claims Reporting Purposes Only	ly:		
For all employees: Amount of leave paid to employee: \$ Daily rate: \$ Period of payment: from// for days or	_ through//	For hourly employees only: Hourly rate: \$ Number of hours paid:	

