

**EMPLOYEE CHOICE TO USE PAID LEAVE WITH WORKERS' COMPENSATION  
BENEFITS—FOR DISTRICTS THAT DO NOT OFFSET**

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Name \_\_\_\_\_ Employee number \_\_\_\_\_

Position \_\_\_\_\_ Department/Campus \_\_\_\_\_

This employee is absent from duty because of a job-related illness or injury beginning on *(date of first absence attributable to illness or injury)*. If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

\_\_\_\_\_  
District authorized signature

\_\_\_\_\_  
Date

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**Employee choice:**

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I choose the following option:

- I choose to use only \_\_\_\_\_ days of available paid leave at this time.
- I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from \_\_\_\_\_ ISD while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will only receive workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

