

**Florida A&M University - Workers' Compensation Accrued Leave Election Form**

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***Please read before completing the attached form. Any questions regarding your leave election must be directed to the Office of Human Resources – Workers' Compensation Section at (850) 599-3611.***

Pursuant to Florida Statutes - Chapter 440, University salaried (Non-OPS) employees ***must*** be allowed the opportunity to supplement their Workers' Compensation benefits by using a pro-rated portion of their leave time. University policy allows employees to supplement their Total Temporary Disability (TTD) or Temporary Partial Disability (TPD) payments by using one-third (1/3) of their unused earned compensatory, sick and/or vacation leave balances.

If a salaried employee loses time from work due to a job-related injury or illness, the first seven (7) calendar eight hour work days, or forty (40) intermittent hours (Forty hours being the maximum either way), should be charged to Job Disability Leave on the Leave Report Form for Administrative and Professional (A&P) employees and the Attendance and Leave Timesheet for University Support Personnel System (USPS) employees. A copy of the Leave Report Form or Timesheet along with all DWC-25 Forms (Doctor Reports) provided by the Workers' Compensation Physician ***must*** be forwarded to the Human Resources – Workers' Compensation Section during the University Payroll Processing Week for approval of the Job Disability Leave.

Job Disability Leave is paid by the University and is ***not*** charged to the employee's accrued leave balances. If the employee returns to work within the first seven (7) calendar work days, and has not used the entire forty (40) hours immediately following the date of the injury, the employee may use Job Disability Leave for any missed hours on the date of the injury and may use the remaining Job Disability Leave hours intermittently for physician visits, physical therapy sessions or any time placed in an "out of work" status by the Workers' Compensation Physician. Once the intermittent Job Disability Leave is exhausted, the employee may use his/her accrued leave for further authorized doctor's visits or physical therapy sessions.

In the event an employee remains in an "out of work" status following the exhaustion of Disability Leave, depending on the circumstances, the employee will be placed out of work on Total Temporary Disability (TTD) or Temporary Partial Disability (TPD). Employees under these circumstances will receive two-thirds (2/3) compensation from the State of Florida - Division of Risk Management and will have the option to supplement an additional one-third (1/3) from the employee's leave balances to ensure 100 percent (100%) of pay (biweekly gross amount).

Please review the following options:

By electing ***Option #1***, employees will receive TTD or TPD Disability payments in the amount of two-third (2/3) from the Division of Risk Management and a reduced University payroll check supplemented from the employee's leave balances until the employee is cleared to return to work.

By electing ***Option #2***, the employee will receive TTD or TPD Disability payments ***only*** in the amount of two-thirds (2/3) from the Division of Risk Management. The employee will decline the option to use accrued leave balances and will be required to make arrangements with the Office of Human Resources - Benefits Section regarding payroll deduction premiums.

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I, \_\_\_\_\_ had a work-related injury on (month, day, year) \_\_\_\_\_, while working for **Florida A&M University**. As a result of the injury and as a salaried employee (Non- OPS), I acknowledge that I am entitled to receive temporary disability compensation pursuant to Florida A&M University *Board of Trustees Policy 2005-23*) and Workers' Compensation Laws (*Section 440.09 Florida Statutes*). I further understand that I am entitled to receive such compensation for a period of time as provided by law. I have accumulated certain compensatory, sick and/or vacation leave benefits, because of my employment, which are available to me when I am unable to work because of illness or injury, in accordance with the University leave policy.

**Place an "X" in the appropriate option(s) below**

1.  I am electing to have my Workers' Compensation benefits supplemented by deducting a portion from my accrued compensatory, sick and/or vacation time by one-third (1/3) as provided by University polices and regulations. ***I further understand that by choosing to be paid my accrued compensatory, sick and/or vacation leave in addition to the temporary disability, I will be paid my compensatory leave, sick and/or vacation leave on a pro-rated basis (1/3) to the extent that I will receive my full wages (gross) until I return to work. I understand that after the number of specified compensatory, sick and/or vacation leave has been exhausted, I will receive only temporary disability compensation for a period of time as provide by law. I further understand that my accrued compensatory, sick and/or vacation leave benefits will be decreased on a prorated basis by those days I use as a result of making this election.***

**Please check your election:**

**Compensatory Leave**  **Sick Leave**  **Vacation Leave**

2.  I do not authorize the use of my accrued compensatory, sick and/or vacation leave benefits while I am out of work due to a job-related injury or illness. I will be paid only the Workers' Compensation benefits provided by University polices and regulations. ***I further understand that it is my responsibility to contact the Office of Human Resources - Benefits Section at (850) 599-3611 to make arrangements for my payroll deduction premiums.***

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**Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Number and Street City State Zip Code

**Department:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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Employee Signature

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Date