



Workers' Compensation Benefit Election

As the result of an injury on _____, assuming this injury arose out of and in the course of employment, I am entitled to Workers' Compensation benefits, and may choose to supplement these benefits with accrued leave.

My choice is as follows:

Please supplement my Workers' Compensation benefits with my accrued leave (indicate the order to be used by marking the blank with 1, 2, 3...):

___ Sick Leave

___ Vacation Leave

___ Compensatory Time

___ Holiday Compensatory Time

___ Banked Holiday

-----OR-----

___ I decline to supplement my workers' compensation benefits at this time.

(Note: You may choose one option initially, and add additional options later by filling out a new form, but you may not remove options to supplement unless you do so in or before the pay period within which that option would otherwise commence.)

I understand that any supplemental pay over and above my Workers' Compensation Benefit will be subject to all withholding taxes (Federal, State, FICA, and Retirement). I further understand that my accrued leave will be reduced by an amount proportionate to the amount of supplemental pay I receive. My total compensation will not exceed my regular salary.

Signature of employee (or person communicating with the employee).

Date and time of above signature.

NOTE: Complete this form after receiving your patient status report. Return the completed form to the DAS Leave Administration Team at LOA@iowa.gov or fax to (515) 242-5070.

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Distribution:

Original to Employee's Department
Copy to SAE Payroll Accountant
Copy to Employee