



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.

Complete this form on the fourth day of disability and return the completed form to your Human Resources Associate.

Distribution:

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