

**Workers' Compensation
Election of Option Form for
Wayne County Board of Education Employees**

Employee Name _____	Date of Injury _____
Social Security # _____	Claim # (If Known) _____
Position _____	School or (Other) _____

To the Employee: Please submit this form to the Safety Director. If you are absent from work due to a work-related injury, you must complete this form within three (3) days of the injury and choose (1) Receive only Temporary Total Disability (TTD) Benefits from Workers' Compensation, (2) Receive only compensation for accrued personal leave, or (3) Receive a combination of TTD Benefits and compensation for accrued personal leave.

PLEASE NOTE: You can only accrue retirement benefits for that portion of pay attributable to personal leave utilized and actual days worked.

_____ **Option I – Election to receive only Total Temporary Disabilities (TTD) benefits:**

I elect to receive only TTD benefits from Workers' Compensation for the period that I am absent from work due to a work-related compensable injury. I understand that by selecting this option, I will receive compensation for accrued personal leave only until I start receiving TTD benefits. I also understand that after I start receiving TTD benefits, I must reimburse the net value of the paid leave to my employer, who will then restore the personal leave for which I was paid as the repayments are made. Furthermore, I understand that if I fail to reimburse my employer for the net value of the paid leave used, I may be subject to disciplinary action and the amount will be deducted from my future wage payments. After I start receiving TTD benefits, I understand that I will be on a non-paid status. I understand that I will continue to accrue seniority while I am absent from work and receiving TTD due to work related compensable injury. I will not accrue work experience credit for incremental pay purposes. I will continue to earn personal leave as long as I remain under contract with the county board of education.

_____ **Option II – Election to receive only accrued personal leave compensation:**

I elect to receive only personal leave compensation instead of Workers' Compensation TTD benefits for the period that I am absent from work due to work related compensable injury. While I am receiving paid leave benefits, I understand that I will accrue personal leave and be paid for holidays, inclement weather days, or outside of school environment days that occur during this period. I also understand that while I am receiving paid benefits I will continue to accrue seniority and work experience credit for incremental pay purposes. After I exhaust all of my personal leave, I understand that I am eligible to receive TTD benefits during any remaining period of absence from work due to a compensable injury, if so requested. I understand that if I choose to receive TTD benefits, I will revert to a non-paid status. I understand that I will continue to accrue seniority while I am absent from work and receiving TTD due to a work related compensable injury. I will not, however, continue to accrue work experience credit for incremental pay purposes. Once I have been compensated for all of my accrued personal leave days, I am no longer entitled to compensation for any holidays, inclement weather days, and outside of school environment days which occur during the time when I am absent from work due to work related injury. However, I will continue to earn personal leave as long as I remain under contract with the county board of education.

_____ **Option III – Election to receive a combination of Temporary Total Disability (TTD) benefits and compensation for accrued personal leave.**

I elect to receive a combination of TTD benefits from Workers' Compensation and personal leave compensation. I understand that I will receive compensation for accrued personal leave **until** I start receiving TTD benefits. Once I start receiving TTD benefits, I understand that I will receive personal leave compensation only to the extent that the compensation is required, when added to the workers' compensation benefits, to equal the amount of compensation that I am regularly paid. My accrued personal leave days will be charged only for the number of days, or portion thereof that is required to compensate me at my regular rate of pay.

I also understand that any personal leave compensation that I received during the period prior to the award of TTD benefits, when added to the TTD benefits that is in excess of my regular gross pay will be deducted from subsequent pays and that the appropriate amount of personal leave will be restored as the deductions are made. Furthermore, I understand that if I refuse to have the excess payment deducted from my subsequent pay, I may be subject to disciplinary action.

I understand that I will continue to accrue seniority while I am absent from work and receiving TTD due to a work-related compensable injury. I will not accrue work experience credit for incremental pay purposes unless I receive payment from the county board of education totaling one hundred thirty-three full days of employment within an employment term. As long as I have a positive personal leave balance, I am entitled to compensation for all holidays, inclement weather days, and outside of school environment days which occur during the time which I am absent from work due to the work-related injury. Further, I will continue to earn personal leave as long as I remain under contract with the county board of education.

Employee's Statement: I understand that I must choose one of the above options when I am absent from work due to a work related compensable injury.

Employee's Signature _____ **Date Submitted** _____

TO BE COMPLETED BY THE EMPLOYER: This document was received by:

Employer Representative _____
Safety Director

Date received _____

NOTE: Please make sure that an accident report has been completed and accompanies this form.