



Worth County School District Workers' Compensation

Workers' Compensation Leave Option

Employee's Name: _____

Contact Number: _____

Instructions: Read each option for Workers' Compensation Leave. Initial beside your choice of leave, sign and date form, and return it to Human Resources.

_____ I elect to take sick or vacation (if applicable} leave during the required waiting period. Then go on workers compensation leave and begin drawing workers compensation weekly benefits, if and when these benefits are awarded.

_____ I elect to go on workers compensation leave with no pay for the required waiting period. Then begin drawing workers compensation weekly benefits, if and when these benefits are awarded.

_____ I understand that once a selection has been made, it may not be rescinded for the duration of the claim.

Employee Signature: _____ Date: _____

For office use only:	
Date Received	
Employee Number	
Given to Leave Dept.:	
Updated Leave Keeper:	
Incident Date	
Claim number:	
Adjuster name:	
1 st date out:	
WC 7 ends:	
21 st day begin:	