

STATE OF NORTH DAKOTA

WORKERS' COMPENSATION LEAVE CHOICE OPTION

PURPOSE OF THIS FORM:

Employees who are eligible to receive temporary total disability benefits for a lost time claim can continue to receive full salary by choosing one of four options of leave to **supplement** their benefits. The disability checks stubs must be turned over to the agency payroll clerk to receive this benefit. The amount paid by WSI will be deducted from your paycheck. State law prohibits employees from receiving both workers' compensation benefits and full leave benefits simultaneously.

You may choose to be placed on leave without pay in lieu of using accrued leave. If you used paid leave and your leave is exhausted, you may, with the approval of the appointing authority, be placed on a leave of absence without pay.

When you choose options # 2 - #5 to supplement your disability benefits, the amount of paid leave charged equals the difference between the benefits check and your regular salary. Your pay center will issue a check for the full amount of your salary less the benefits check.

These options can be changed or modified as necessary by working directly with the appropriate payroll clerk.

Choice (Check One)

- Option #1** - Do not apply any accumulated leave time during the period in which workers' compensation is being received.
- Option #2** - Apply accrued sick leave to make up the difference between my workers' compensation benefits and my normal salary during the period in which workers' compensation is being received.
- Option #3** - Apply accumulated compensatory time to make up the difference between my workers' compensation benefits and my normal salary.
- Option #4** - Apply accrued annual leave to make up the difference between my workers' compensation benefits and my normal salary.
- Option #5**- Apply a combination of Option #2, #3 or #4 to make up the difference between my workers' compensation benefits and my normal pay, during the period in which workers' compensation is being received. Record in the space below the type and amount of leave and the order in which you would like it used. **Also, note any special instructions regarding leave usage. (Example: use all sick leave except for 8 hrs and then apply annual leave.)**

**I understand that the amount of leave benefits combined with workers' compensation benefits cannot exceed my normal salary.**

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_