

DUPLIN COUNTY
ELECTION OF LEAVE BENEFITS WITH WORKERS' COMPENSATION LOSS TIME

Name _____ **Date of Injury** _____

Position _____ **Department** _____

Human Resources (HR) has received an accident report from your Supervisor/Department Head which indicated you have been injured or suffered an illness in the course of your employment with Duplin County. In the event your work injury or illness would result in loss time from work and your doctor has provided you (*HR and Worker's Comp*) with a written statement that you are unable to return to work and you believe you will be eligible for paid worker's compensation for time lost, then you must complete below. Loss time due to a work related injury or illness will not be credited towards completion of an employee's probationary period.

Employee choice:

I am absent from work because of a job-related illness or injury. If worker's compensation determines the job related illness or injury is compensable, I understand under the North Carolina Worker's Compensation Act, there is a seven (7) calendar day waiting period beginning the day after the injury or illness occurred during which Worker's Compensation will not compensate me except where the injury or illness results in a disability for more than twenty-one (21) days.

The seven (7) day waiting period will be unpaid unless I elect to use my accumulated leave. If I elect to use my accumulated leave to be paid during the waiting period or first seven (7) days of disability following my work illness or injury, I understand I will not be reimbursed or compensated for the waiting period through Worker's Compensation because I am not entitled to retain more than 100% of my regular salary under current North Carolina law.

Mark one of the following:

- I choose to use paid leave (Comp Time, Sick Leave, Vacation Leave) for the first seven (7) calendar days (*waiting period*) after the day of work injury or illness. I understand if I choose to use paid leave during this period, Worker's Compensation will not compensate me for the waiting period even if I'm out of work more than twenty-one (21) days.

Leave balances as of the first day of disability for this period _____
Date

Sick Leave

Vacation Leave

Personal Leave

Compensatory Time

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- I choose **not** to use any available paid leave during the seven (7) calendar day waiting period. I understand that if I choose not to use paid leave, I will not be compensated by Duplin County during the waiting period. I also understand that I may not be paid by the Worker's Comp insurance carrier for the first seven (7) calendar days after the date of work injury or illness until I miss more than twenty-one (21) days of loss time in accordance with Worker's Compensation law. I further understand that by selecting this option, I will only receive workers' compensation wage benefits for any absences resulting from my work-related illness or injury. Duplin County will continue to pay its contribution toward the cost of employee health insurance coverage as long as I am on family and medical leave (FMLA), on paid leave or a county employee. I understand that it is my responsibility to coordinate with Human Resources the premium payments of any supplemental benefits and payroll deductions while I'm on an unpaid leave status. I also understand that if I don't make arrangements or pay for the benefits, my benefits may be canceled.

Once an option has been selected, it cannot be changed during the period covered. I have fully read and understand this document.

Employee signature

Date

<i>For Claims Reporting Purposes Only:</i>	
<i>For all employees:</i> Amount of leave paid to employee: \$ _____.____ Daily rate: \$ _____ Period of payment: from ___/___/___ through ___/___/___ for ____ days or ____ weeks	<i>For hourly employees only:</i> Hourly rate: \$____.____ Number of hours paid: _____

cc: Copy of signed form must be submitted to Key Risk