



Employee Services
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Salem, OR 97301
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E-mail:
DASemployeeservices.apps@das.state.or

Web site:
<http://oregon.gov/DAS/OP/EmployeeServices.shtml>

INSTRUCTIONS TO EMPLOYEES: This form must be returned to Employee Services upon completion.

Find this form on the Web at:
http://oregon.gov/DAS/OP/ES/FMLA_OFLA.shtml

Worker's Compensation Associated Leave Choice

Employee Name: _____ EIN: _____
(Please print)

Date of Injury: _____

If you are on time loss authorized by SAIF, you may choose one of three options of leave to cover your absence. After you have chosen one option, you may not change that option during the entire time-loss period unless approved to do so by the agency. If your accumulated leave option is exhausted, you will then be placed on approved leave-without-pay while SAIF continues to pay you time-loss checks.

Paid leave during a Workers' Compensation time-loss claim is equal to the difference between the SAIF check and your regular salary rate. Time loss is paid at 2/3 of your salary (tax-free). Leave use will equal the other 1/3 not compensated by SAIF (taxed). Prorated charges will be made against accrued sick leave first. Upon exhaustion of sick leave, you then have a choice of using vacation, personal business, and/or compensatory time as indicated by your choice below.

When you are out for more than three days for a Workers' Compensation claim you will be designated as FMLA for all qualifying time and the leave choice below will be applied.

Choice: (Check One)

_____ Option #1 – Use accumulated sick leave until exhausted followed by LWOP.

_____ Option #2 – Use accumulated sick leave until exhausted. Once sick leave is exhausted, use accumulated leave in the following priority order:

_____ (hours) Compensatory time – priority # _____

_____ (hours) Vacation time – priority # _____

_____ (hours) Personal Business – priority # _____

_____ Option #3 – Do not use any accumulated leave time. Place me on approved leave without pay status.

NOTE: A FULLTIME RELEASE BACK TO REGULAR OR MODIFIED WORK WILL END THIS LEAVE CHOICE. SHOULD YOU GO BACK OUT ON TIME LOSS, YOU MUST FILL OUT A NEW LEAVE CHOICE FORM.

I have read the above material and made a choice. I understand that if I do not complete and return this form to DAS Employee Services, I will be placed on leave-without-pay.

Employee Signature Date

c: Payroll / Medical File / Workers Compensation File