

Worker's Compensation Elected Leave Form

If you are on authorized SAIF time loss, this form shall be filled out to determine how you choose to cover your absence related to your time loss from _____. If your sick leave is exhausted, you can elect to use other accrued leave, if it is available. If no other accrued leave is available, you will then be placed on approved leave without pay from [agency] while SAIF continues to pay your time loss.

Prorated charges will be made against your accrued sick leave as indicated by your choice (DAS CHRO Sick Leave with Pay Policy, 60.000.01 or applicable bargaining contract language). _____ is required by state law to pay the employer's contribution toward your core benefits if you lose coverage as a result of an on-the-job injury (Continuation of Benefits for Injured Workers (CBIW) ORS 659A.060-069). Medical and dental coverage may be continued up to twelve (12) months from date of filed claim. You are responsible for the employee portion of your core insurance and if you pay an additional amount for optional insurance out of your monthly check above _____ contribution, you will be required to continue to pay your contribution to maintain the same level of coverage (even if you have exhausted your leave balances). Contact your Payroll department if you have any questions about ensuring your benefits continue.

In addition to your claim, you may be eligible for the Family and Medical Leave Act (FMLA). This coverage may provide up to 12 weeks of job protected leave and medical benefits.

If the time loss claim is denied, you may have to return additional benefit overpayments (in alignment with DAS CFO Collection of Overpayment Policy, 45.50.00 or applicable union bargaining agreements).

Choice (Check One):

- Option #1** – Use accrued sick leave during the period in which Workers' Compensation is being received. (This will be equal to the difference between the Workers' Compensation for lost time and your regular salary rate. SAIF will pay time loss equal to 66 2/3% of your gross salary which is non-taxable. _____ would pay a prorated amount of your gross pay to make up the difference, which is taxable.)
 - In the event that my sick leave balance is exhausted, I choose to utilize my other leave balances (Vacation, Personal Business, etc.) to cover the different between the time loss payments and my regular salary rate during my absence from _____ while on authorized SAIF time loss.
 - In the event that my sick leave balance is exhausted, I choose to default to option #2.
- Option #2** – Do not use any accumulated leave time during the period in which Workers' Compensation is being received. Place me on approved leave without pay status. I understand that if I choose this option, SAIF Corporation will pay 66 2/3% of my gross salary (if the claim has been accepted), which is non-taxable.

I have read the above material and made a choice on how to cover my absence from _____. I understand that if I do not complete this form, my supervisor will place me on leave without pay. I also understand that I am responsible for letting SAIF, my supervisor, payroll, and the safety manager know when time loss has ended and modified or regular work has begun in order to avoid any overpayments.

Employee's Signature

Date

Supervisor's Signature

Date

State Employee ID Number

Date of Injury

Copy to: Supervisor, Safety Manager, and Payroll