

INSTRUCTIONS

Employee's Election Regarding Utilization of Sick and Annual Leave

Injured employees may elect to use accrued sick leave and all, part, or none of their accrued annual leave for time missed from work due to the work related injury. Accrued sick leave and accrued annual leave are the amounts of paid leave available at the time of injury in addition to leave earned after the injury. The following details the effects of the different choices available to you.

If You Choose Election 1

- You must use all accrued sick leave but may elect to use all, some, or none of your accrued annual leave.
- All sick leave must be exhausted before annual leave may be used.
- If you select 1A and return to work but later have additional days of disability, you must use any accrued sick and annual leave before receiving workers' compensation income benefits.
- If you select 1B, you must use any sick leave balance and any authorized annual leave before you will be eligible to receive workers' compensation income benefits.
- If you select 1C, you must use any/all accrued sick leave before receiving workers' compensation income benefits.
- Workers' compensation income benefits do not begin until the eighth day of disability. Employees who are disabled for at least 14 days will receive retroactive benefits for any portion of the seven-day waiting period not paid by leave.
- You will continue to receive your full pay as long as you have accrued time to use and have authorized your agency to use it for your injury. If your elected leave is exhausted, you may receive income benefits to replace a portion of your lost wages. This may be 70% or 75% of your average weekly wage depending on your wages at the time of your injury.
- It is recommended that you consult with your Human Resources Department to discuss the impact of your selection on your leave balances and insurance benefits should you be off work for an extended period of time.

If You Choose Election 2

- You choose to not use any sick or annual leave for your compensable injury. Your agency may immediately place you in a leave without pay status.
- You may not receive any workers' compensation income benefits for the first seven (7) calendar days you are unable to work. If eligible, your income replacement benefits will begin on the 8th day of disability and employees who are unable to work for 14 days will receive retroactive benefits for the first seven days. You will be paid at a rate of 70 or 75% of your weekly wage depending on your wages at the time of your injury.

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.



EMPLOYEE'S ELECTION REGARDING UTILIZATION OF SICK AND ANNUAL LEAVE

Employee's Name: _____ Date of Injury: _____

Employee's SSN: _____ Agency: _____

You are not required to use your leave. Texas Labor Code §501.044 allows an injured state employee to elect to use accrued sick and annual leave before receiving income benefits. NOTE: Sick leave must be exhausted before annual leave may be used. Other categories of leave (compensatory leave, holiday leave, administrative leave, etc.) may not be used prior to sick and annual leave.

Select only ONE election, either Election 1 or Election 2 below:

☐ **ELECTION 1—Choose A, B, or C**

When I lose time from work due to this injury or illness, I elect to use all of my accrued sick leave **AND**:

☐ A. All of my accrued annual leave.

☐ B. A portion of my accrued annual leave (enter number below).

☐ C. None of my accrued annual leave.

If you selected B, how much of the portion of your leave do you wish to donate? _____

☐ **ELECTION 2**

When I lose time from work due to this injury or illness, I elect to not use any accrued sick leave or annual leave. I understand I am not entitled to workers' compensation income benefits until after the seven (7) calendar day waiting period.

If you know, please indicate how hours you have available: _____ Sick hours; _____ Annual hours

MONTHLY TEMPORARY INCOME BENEFITS (TIB) ELECTION

☐ I elect to change my Temporary Income Benefits frequency from weekly to monthly. For more information about TIB, please visit the Texas Dept. of Insurance Website (<https://www.tdi.state.tx.us/pubs/factsheets/tibs.pdf>).

By signing below, I signify that I understand that I may not change my election after my eighth (8th) day of disability and that I have read the instructions on page 2.

Employee's Signature

Date

Coordinator's Signature

Date