



THE TEXAS A&M UNIVERSITY SYSTEM WORKERS' COMPENSATION INSURANCE

REQUEST FOR PAID LEAVE

Please forward promptly with the DWC-1 after an injury resulting in loss time.

Name of Employee _____ Date of Injury _____

Social Security # _____ Claim Number _____
(if known)

If you sustain a disabling on-the-job injury covered by Workers' Compensation Insurance, you may remain on the payroll until your accrued paid leave is exhausted. If you have not been released to return to work by your treating doctor after accrued paid leave is exhausted, you will be placed on Leave Without Pay. Workers' Compensation Weekly Wage Replacement Benefits, as prescribed by Statute, will be initiated.

An employee may elect to use accrued sick leave before receiving income benefits. If an employee elects to use sick leave, the employee is not entitled to income benefits until he/she has exhausted their accrued sick leave.

An employee may elect to use all or any number of weeks of accrued annual leave after the employee's accrued sick leave is exhausted. If an employee elects to use annual leave, he/she is not entitled to income benefits until the elected number of weeks of leave has been exhausted.

TOTAL LEAVE AVAILABLE	DAYS	HOURS
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- I wish to use all of my accrued sick leave to remain on the payroll from _____ through _____. After such time *workers' compensation weekly wage replacement benefits* will begin, provided I have not been released to return to work by a doctor.
- After my accrued sick leave is exhausted I wish to use all of my annual leave to remain on the payroll from _____ through _____. After such time *workers' compensation weekly wage replacement benefits* will begin, provided I have not been released to return to work by a doctor.
- After my accrued sick leave is exhausted I wish to use a portion of my annual leave to remain on the payroll from _____ through _____. After such time *workers' compensation weekly wage replacement benefits* will begin, provided I have not been released to return to work by a doctor.
- I do not wish to use any portion of my accrued paid leave to remain on the payroll. Therefore, I will be placed on leave without pay. Workers' compensation weekly wage replacement benefits will begin on the 8th day of disability resultant from my work related injury, provided I have not been released to return to work by a doctor.

Injured employee's signature, or signature of person obtaining form _____ Date _____

Return To: System Risk Management & Safety
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