Workers' Compensation-Sick/Annual Accrued Leave Election Form

The employer shall provide the benefits established under the Oklahoma Workers' Compensation Act Title 85 (Sec. 2e) to all employees who are injured in on-the-job accidents. ***All regular employees who are injured in on-the-job accidents shall receive statutory benefits including medical expenses, temporary compensation and benefits for permanent disability or death and are allowed to make an election to supplement their temporary compensation.***

I suffered an on-the-job injury on (month, day, year) _____, while working for ***Northeastern State University***. As a result of the injury, I acknowledge that I am entitled to receive temporary disability compensation according to the Workers' Compensation laws of Oklahoma. I further understand that I am entitled to receive such compensation for a period of time as may be provided for by law. I have accumulated certain sick leave/personal leave benefits, because of my employment, which are available to me when I am unable to work because of illness or injury.

Place an "X" in the appropriate option(s) below

Mark One: . ☐ Certified ☐ Support Personnel

1. ☐ I am electing to have my workers' compensation benefits supplemented by deducting a pro-rated portion from my accrued sick/personal leave time.

Number of days _____ (To be filled in by a Human Resources representative)

I understand that by choosing to be paid my accrued sick leave/personal leave in addition to the temporary disability provided by law, I will be paid my sick leave/personal leave on a pro-rated basis to the extent that I will receive my full wages until I return to work or the number of sick leave/personal leave days I have are exhausted. I understand that after the number of specified sick leave/personal leave days are exhausted, I will receive temporary disability compensation for a period of time as may be provided for by law. I understand that my accrued sick leave/personal leave benefits will be decreased on a prorated basis by those days I use as a result of making this election.

2. ☐ I am electing to be paid for the waiting period by deducting 3 days of wages from my sick/personal accrued leave time.

Under the Workers' Compensation Act, temporary benefits begin the fourth day off work due to an on-the-job injury. The first three days are considered a waiting period during which time temporary benefits are not paid, but I request that I be paid my accrued but unused sick leave/personal leave to cover these three days.

(Note: if you are electing to be paid a supplement to your weekly workers' compensation benefits; and also to be paid for the 3-day waiting period, you must mark your election to both numbers 1 & 2.)

3. ☐ I do not authorize the use any of my accrued sick leave/personal leave benefits while I am off work due to my on-the-job injury. I will be paid only the Workers' Compensation benefits allowed by law.

Name _____ *Social Security #* _____
Last First Middle

Address: _____
Number and Street City State Zip Code

Employer: ***Northeastern State University*** Department_____ Job Title_____

_____ _____
Signature of employee Date

Witness:_____
School Representative