



Workers' Compensation Use of Leave Options

Employee Name: _____ Date of Injury _____

Date of Birth: _____ Department: _____

If I should lose time from my position because of a workplace injury or occupational illness, this form certifies the use of leave options has been explained to me. I understand the options listed below and have carefully considered them.

- 1. Elect to take sick or vacation leave (if available) during the 7-day waiting period and then transfer to workers' compensation leave and weekly benefits.
- 2. Elect to wait the required 7-days without pay and then transfer to workers' compensation leave and weekly benefits.

Note: In either option 1 or 2, if employee is out of work more than 21 days workers' compensation weekly benefits shall be counted from the day of disability.

- 3. Elect to use supplement leave based on the NC Supplemental Leave Schedule provided by Office of State Human Resources. This option uses partial sick or vacation leave to supplement workers' compensation weekly benefits. Option 3 is only while receiving temporary total disability compensation (after 7-day waiting period).

I have chosen the selection from the list above without any coercion, it is my decision alone. I have clearly marked one of the three options available.

Employee Signature

Date

Submit completed form to the Workers' Compensation Manager and copy to your department Leave Clerk.

ECU EHS
211 South Jarvis Street
Suite 102
Greenville, NC 27858

Questions about the form?
252-328-6166 Main
252-737-1458 Fax

Mail Stop 207
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