

## WORK RELATED INJURY/ILLNESS LEAVE ELECTION FORM

Employee Name

Employee ID Number

Facility/Unit

In accordance with Section 45, of Title 85A, Oklahoma Statutes, an employee may supplement Temporary Total Disability (TTD) payments with any available sick or annual leave to the extent that he or she shall receive the equivalent of full wages during his or her absence from work. Partial paychecks for leave used to supplement TTD will be issued on the department's supplemental payroll which is issued on or about the 12<sup>th</sup> day of the month.

The first three consecutive calendar days of absence will **NOT** be compensated with TTD payments per Title 85A.

Failure to return this form and indicate a leave election within 30 calendar days of the date on the workers' compensation information letter you received with this form will result in your elections applying only to dates following its receipt in the Environmental Health and Safety Administration Unit and placement on leave without pay for all dates prior to its receipt including the first three days of absence. You may file additional leave election forms at any time; however, all subsequent elections will become effective on the date the leave election form is received in the central Human Resources Benefits Unit.

Return this form to: **Human Resources Benefits Unit, Oklahoma Department of Corrections, P.O. Box 11400, OKC, OK 73136-0400.**

☐ I have not missed any time from work and will complete a new leave election form if I do miss any work time related to this injury (sign form below and return).

### FIRST THREE (3) DAYS LEAVE OPTION ELECTION

For the first three days of absence, I elect to use: (Please note that failure to make this election will result in placement on leave without pay)

☐ sick leave    ☐ annual    ☐ comp time    ☐ holiday time    ☐ leave without pay

### TTD SUPPLEMENT ELECTION

I elect to supplement TTD payments as follows (**make only one election**):

- ☐ Only leave without pay (NO TTD supplement payments)
- ☐ Supplement TTD with sick leave, maximum amount
- ☐ Supplement TTD with annual leave, maximum amount
- ☐ Supplement TTD with \_\_\_\_\_ hours ☐ sick leave ☐ annual leave
- ☐ Supplement TTD with sick leave, followed by annual (if sick leave is exhausted)
- ☐ Supplement with annual leave, followed by sick (if annual leave is exhausted)

Employees may additionally apply to participate in the shared leave program. Such application does not eliminate any requirement to make an election above.

**Note:** Eligible workers' compensation leave will also be designated as family and medical leave (FMLA).

My signature below indicates that I have read and understand this information and that I have received a copy of: 1) Personnel Administration Rule 260:25-15-49, 2) Title 74 O.S. Section 840-2.21, 3) Operations Memorandum OP-110345 (including this Leave Election Form and the First Preference Form), 4) an HCM-4B and OPERS 515-172-12 Notice and Application for Temporary Disability Purchase form, and 5) a cover letter explaining my benefits and responsibilities.

Signature of Employee and Date

(R 08/24)