

# Workers' Compensation Program Leave Supplement Form



As an employee of the State of Minnesota it is my understanding if I am receiving workers' compensation benefits that I have the option to supplement the workers' compensation benefits with accrued but unused sick leave, vacation or compensatory time. Sick leave must be exhausted before any other paid leave is used. It is also my understanding that by supplementing, leave accruals are based on the combined total of the number of hours paid by workers' compensation, the number of hours of sick and/or vacation leave used, compensatory time and/or regular hours worked.

It is my understanding that, if I am off work and my choice of leave supplementation is exhausted, accruals and supplementation in subsequent pay periods will cease.

It is my understanding that I may choose to change my option to supplement or not to supplement by completing this form each and every time a change is made.

If I choose not to supplement with sick leave, vacation leave and/or compensatory time, and I am unable to work, I must request to be placed on an unpaid medical leave and, therefore, I will be ineligible to accrue sick and vacation leave.

If I return to work at reduced hours and continue to supplement with accrued but unused sick and/or vacation leave, while receiving a partial workers' compensation benefit, it is my understanding that leave accruals are based on the combined total of the number of hours the workers' compensation benefit represents, the number of hours worked and the hours supplemented.

If I return to work at reduced hours and choose to supplement the workers' compensation benefit with accrued but unused sick and/or vacation leave, accruals are prorated based on the number of hours worked and the hours the workers' compensation benefit represents.

\_\_\_\_\_ I choose to supplement the workers' compensation benefit with accrued but unused sick leave \_\_\_\_\_ vacation leave \_\_\_\_\_ or compensatory time \_\_\_\_\_.

\_\_\_\_\_ I choose not to supplement the workers' compensation benefit with accrued, but unused sick leave, vacation leave or compensatory time.

\_\_\_\_\_ I choose to continue to supplement the workers' compensation benefit with accrued but unused sick leave, vacation leave or compensatory time while I am working at reduced hours.

\_\_\_\_\_ I choose not to supplement the workers' compensation benefits with accrued but unused sick leave, vacation leave or compensatory time while I am working at reduced hours.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Date of Injury

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date