

**WORKERS' COMPENSATION OR SICK LEAVE BENEFITS
ELECTION OF OPTION FORM**

To be completed by individuals employed by the State of West Virginia

If you are required to be absent from work due to a compensable work-related injury (as defined by the Division of Personnel's Policy, you must choose to receive either Temporary Total Disability Benefits (TTD Benefits) from Workers' Compensation or paid sick leave (defined in Policy). If you elect to receive TTD Benefits, you may use sick leave until you receive your initial TTD Benefit check. Your sick leave will be restored by assigning to the employing agency your initial TTD Benefit check or an amount equal to those benefits for the number of days you used sick leave. The employing agency will restore your sick leave as it corresponds to the days of TTD Benefits you assign, or for which you have paid an amount equal to the TTD Benefits received.

*Please read the following information carefully and select
the type of benefits you desire by signing the appropriate line*

ATTACHMENT TO FORM B1-3

As an employee of a State agency who has sustained a compensable work-related injury, I understand that I must choose either sick leave or Workers' Compensation TTD Benefits, and that I am not legally entitled to both. I fully understand that if I choose to receive TTD Benefits, I must assign my initial TTD Benefit check or pay an amount equal to those benefits to my employer. My employer will then restore my sick leave as it corresponds to the TTD Benefits assigned or the amount paid. If I fail to pay or assign TTD Benefits to my employer, my employer is authorized to deduct the required amount as described above from my subsequent wage payments.

Employee Name: _____ Claim Number: _____

Employee SS Number: _____ Date of Injury: _____

1. I elect to receive Workers' Compensation TTD Benefits; however, I elect to use sick leave only **until** I receive my initial TTD Benefit check, as described above. I understand that while on a Medical Leave of Absence Without Pay and receiving TTD Benefits, sick leave will not accrue; however, annual leave will continue to accrue. Holidays occurring during this period will not be paid. Tenure for the purpose of years of service and seniority will continue to accrue.

2. I elect to receive Workers' Compensation TTD Benefits. I do not wish to use sick leave; therefore I will be put on a **Medical Leave of Absence Without Pay** effectively immediately. I understand that while on a Medical Leave of Absence Without Pay and receiving TTD Benefits, sick leave will not accrue; however, annual leave will continue to accrue. Holidays occurring during this period will not be paid. Tenure for the purpose of years of service and seniority will continue to accrue.

3. I elect to receive sick leave benefits for the period that I am absent from work. In the event I exhaust my sick leave and (if requested) annual leave, I understand that I may elect to receive TTD Benefits during any remaining period of absence from work due to my compensable work-related injury. The agency will notify Workers' Compensation prior to the exhaustion of my sick leave benefits.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

TO WORKERS' COMPENSATION UNIT:

The employing unit will notify Workers' Compensation at least 2 weeks prior to the date the employee's sick leave will be exhausted if: 1) this claim is ruled compensable, and 2) the above employee has elected to receive accumulated sick leave benefits during the period of absence from work. If the employee continues to be unable to return to work upon exhaustion of sick leave, Workers' Compensation is directed to initiate TTD Benefits to be effective as of the employee's last day on the agency's payroll.

Appointing Authority Signature: _____ Agency: _____