

# Workers' Compensation Program Leave Supplement Form



As an employee of the State of Minnesota it is my understanding that if I receive workers' compensation benefits, I have the option to supplement 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, vacation or compensatory time used and the number of regular hours worked.

It is my understanding that, if I am off work and my choice to supplement the leave is exhausted, accruals and the ability to supplement 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 time a change is made.

If I choose not to supplement, and I am unable to work, I must request an unpaid medical leave. If I am placed on an unpaid medical leave, I will be ineligible for sick and vacation leave accruals.

If I return to work at reduced hours and continue to supplement, while receiving a partial workers' compensation benefit, it is my understanding that leave accruals will be 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 not to supplement the workers' compensation benefit, 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