

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
EMPLOYEE USE OF LEAVE OPTIONS ELECTION

NAME _____ DATE OF INJURY _____

USE OF LEAVE OPTIONS

This is to certify that the use of leave options available in conjunction with the lost time from work as a result of an on-the job injury which occurred on _____ have been fully explained to me. I understand these options are available to me only if the Department of Transportation determines this claim to be compensable and accepts liability. I understand that once I elect an option, that option shall be irrevocable as to each individual incident. After careful consideration, I elect the option(s) marked with an "X". Employee must check either Option 1 or Option 2.

____ Option 1: Elect to take compensatory, sick or vacation leave during the 7-day waiting period and then workers' compensation leave benefits.

____ Option 2: Elect to go on workers' compensation leave immediately with no pay for the 7-day waiting period and then begin drawing workers' compensation weekly benefits.

NOTE: In either option above, if the injury results in disability of more than 21 days, the workers' compensation weekly benefit shall be allowed from the date of disability.

Option 3: Elect to supplement the workers' compensation weekly benefit with the use of partial earned _____ compensatory, sick or vacation leave in accordance with the schedule provided by the _____ Office of State Personnel. Employee must check Yes or No.
YES NO

NOTE: All elections involving the use of earned compensatory, sick or vacation leave are subject to their availability.

EMPLOYEE'S SIGNATURE DIVISION/UNIT

EMPLOYEE'S PERSONNEL NUMBER DATE

Supervisor Completes This Section

The above named employee was injured on _____ and was placed on worker's compensation leave on _____. A Supervisor's Accident Report and/or Accident Investigation Report has been completed and is attached to Form 19.

SUPERVISOR'S SIGNATURE DATE