



Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Are you currently on a Workers' Compensation Leave?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you requesting to use accumulated sick leave to supplement your Workers' Compensation Leave Benefits as stated in Article 9.2.2 of the 2021-2025 WMU/AFSCME Collective Bargaining Agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many sick leave hours per pay period are you requesting to use to supplement your Workers' Compensation Leave Benefits?

\_\_\_\_\_ Hours

Upon exhaustion of your sick leave bank, do you request to use annual leave to supplement your Workers' Compensation Leave Benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_

Note:

1. Sick leave will not be deducted from your sick leave bank until the next full pay period after submission of this designation form.
2. As stated in the WMU Employee Safety Policy, Policy & Procedures Manual Section 12: "Any employee receiving weekly benefits may use any remaining sick leave in amounts supplementary to weekly workers' compensation benefit checks, not to exceed 100 percent of regular wages."
3. Once sick leave is exhausted, and if annual leave is elected, your annual leave will be utilized until you return from Workers' Compensation Leave, or your annual leave balance is exhausted.
4. Your decision is non-revocable and will remain in place until you exhaust your paid leave banks, or return to work.
5. You continue to remain responsible for any insurance premiums (i.e. health, life, LTD) being charged to you while on Workers' Compensation Leave. Failure to fully pay an applicable insurance premium may result in loss of continued coverage.
6. You are responsible for any tax consequences that may result from your decision.

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

\_\_\_\_\_  
Date

CC  
HR – HRIS  
Department Supervisor/Timekeeper  
Director of Labor Relations