DUVAL COUNTY
PUBLIC SCHOOLS

# WORKERS' COMPENSATION LEAVE OPTION FORM

The School Board provides full pay for a period of up to seven (7) days if you are Medically unable to work due to an on-the-job injury.

Starting with the eight (8th) day, you will only receive pay as authorized under The Florida Workers' Compensation Law.

You may elect to use your sick or annual leave to supplement your Workers" Compensation benefits by so indication below.

Check One:

( ) I_____ elect to use my sick or annual Leave to supplement my Workers' Compensation benefits if I am taken off work by an Authorized medical provider for more than seven (7) days. I understand that starting with the eighth (8th) day of absence due to my injury, a portion of my leave will be taken in order for me to receive my regular pay. I understand that all such leave used will not be reimbursed.

( ) I _____ elect **NOT** to use my sick/annual leave and understand that I will be paid only what I am entitled to under the Workers' Compensation Law.

I understand that if there is a conflict between my leave form and this form the information on this form shall prevail. I also understand that failure on my part to make a selection will result in my only receiving pay in accordance with the Workers' Compensation Law.

Date of Accident: _____ Today's Date: _____

Signature:_____ Employee #: _____