

Sick Leave Option

Employee _____

Date of Injury _____

The purpose of this document is to notify any eligible employee who sustains a compensable workers' compensation injury of their right to elect to use accrued Sick Leave in lieu option of applying for Temporary Total Compensation benefits through Wayne County.

Sick Leave can be used when there is an industrial injury. **The injured worker will be using their own sick leave balance. If this balance runs out during time off, the injured worker will be automatically switched to Option 2 (Temporary Total Benefits).**

The injured worker can, however, notify the employer of an election to stop using Sick leave at a future date. The worker then files a request to Wayne County for Temporary Total compensation.

To qualify for Temporary Total compensation, **YOUR INJURY MUST CAUSE MORE THAN SEVEN CALENDAR DAYS OF DISABILITY.**

OPTION 1

I acknowledge the above and elect to **utilize my accumulated** Sick Leave in lieu of Temporary Total compensation (72% of full weekly wage, 12 weeks)

Employee Signature _____ Date _____

OPTION 2

I acknowledge the above and elect to receive Temporary Total Compensation from Wayne County for which I may be eligible. 72% of full weekly wage for first 12 weeks. After 12 weeks 66 2/3% of average weekly wage based on 52 weeks prior to injury.

Employee Signature _____ Date _____