WORKERS' COMPENSATION INSURANCE REQUEST FOR PAID

INJURY LEAVE FOR PEACE OFFICERS (Policy: UTS185)

HR OFFICE, PLEASE FORWARD A COPY TO WCI PROMPTLY

Name	Claim Number	Date of Injury
that institution as a peace office injury that is determined to be dinstitution also determines that line of duty as a peace officer. I	er, upon request, with paid le compensable under the Texa the injury was sustained wh If THE INJURY IS DETERMINI M WILL PAY REASONABLE	individual who was employed by eave if the individual sustains an s Workers Comp statute and the ile the individual was acting in the ED TO BE COMPENSABLE, THE AND NECESSARY MEDICAL BILLS IE TEXAS WORKERS'
maximum of one year from r after I have exhausted the m Workers Compensation plar	my employing institution. I understance in a mount of leavent of leavent of have reached maximum medic	ive paid leave under UTS 185 for up to a and that my eligibility for this leave terminates e, I have been determined by the UT System cal improvement, or I have been determined o no longer be disabled as the result of this
Expiration DateEmployee	 Date	
Human Resources Representative	Date	

All requests must be must be submitted by or on behalf of the employee requesting the leave to the Human Resources at the employee's employing institution. The Human resources should forward a copy of this request form to the WCI representative.