WORKERS' COMPENSATION INSURANCE
REQUEST FOR PAID LEAVE

PLEASE FORWARD PROMPTLY

_____	_____	_____
Name	Claim Number	Date of Injury

IF YOU SUSTAIN AN ON-THE-JOB INJURY COVERED BY WORKERS' COMPENSATION INSURANCE, THE UNIVERSITY OF TEXAS SYSTEM WILL PAY REASONABLE AND NECESSARY MEDICAL BILLS RESULTING FROM THE INJURY IN ACCORDANCE WITH THE TEXAS WORKERS' COMPENSATION ACT AND WILL ALLOW YOU TO REMAIN ON THE PAYROLL USING ALL PAID LEAVE AVAILABLE TO YOU.

IF YOU ARE STILL UNABLE TO WORK AFTER USING PAID LEAVE AND ARE REMOVED FROM THE PAYROLL, WORKERS' COMPENSATION TEMPORARY INCOME BENEFITS (TIBS) WILL BEGIN AS PRESCRIBED BY LAW.

IF YOU CHOOSE TO USE PAID LEAVE, YOU MUST FIRST EXHAUST SICK LEAVE. ONCE YOUR SICK LEAVE HAS BEEN EXHAUSTED, YOU MAY THEN CHOOSE TO USE ONE OR MORE WEEKS OF OTHER PAID LEAVE IN LIEU OF RECEIVING TIBS. PRIOR TO MAKING AN ELECTION CONCERNING THE USE OF OTHER PAID LEAVE, PLEASE BE ADVISED THAT ALTHOUGH THERE IS A SEVEN-DAY WAITING PERIOD WHERE TIBS ARE NOT PAYABLE, SHOULD DISABILITY EXTEND TO THE 14TH DAY AFTER THE FIRST DAY OF DISABILITY, THE CARRIER WILL THEN ISSUE A TIBS PAYMENT FOR THE WAITING PERIOD. **TIBS ARE NEVER PAYABLE AS LONG AS YOU ARE USING PAID LEAVE.**

____ I wish to use sick leave to remain on the payroll until such leave is exhausted.
I currently have _____ hours of sick leave available.

____ I do not wish to use sick leave. Please place me on leave without pay for all time lost.
I understand temporary income benefits (TIBS) will begin following the statutory seven-day waiting period, provided I have not been released to return to work.

____Sick leave has been exhausted. I wish to use other paid leave to remain on the payroll from _____ to _____.

____ No leave is available or all accrued leave has been exhausted. Employee will be placed on leave without pay as of _____.

_____	_____
Employee	Date
_____	_____
Department Head	Date
_____	_____
Employer Official	Date

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