

## Election of Leave Benefits with Workers' Compensation

Property SCHOOL SIE	Name	Employee Number		
	Position	Position Department/Campus		
absence attributa	able to illness or injury	•	ury beginning on(date of first ion insurance may begin paying a percentage of an extended absence is required.	
District Authorize	ed Signature	Position	Date	
Employee Choice	<u>e</u> :			
compensation we continue to pay i paid leave and/c	reekly income benefits its contribution toward or family and medical l	until my absence exceeds seven of the cost of my group health insu	understand that I am not eligible for workers calendar days. I also understand the district wil irance coverage (if applicable) as long as I am or and that I will be responsible for paying all health	
If I miss time due	e to this injury, I choose	e the following option:		
□ I choose	to use only	days of available paid leave a	at this time.	
income b	· ·	•	will not receive workers' compensation weekly to eth extent that paid leave does not equal my	
payment compens selecting	ts from Friendswood In sation. No available p g this option, I will onl	ndependent School District while roaid leave will be deducted from rolly receive workers' compensation	erstand that I will not receive any regular salary receiving weekly income benefits under workers my leave balance. I further understand that by wage benefits for any absences resulting from the district a change in my decision.	
Employee signat	ure		Date	
For Claims Reportin	ng Purposes Only:		Т- , , ,	
For all employees:	aid to employee: \$		For hourly employee only: Hourly rate: \$	
Daily rate: \$			Number of hours paid:	
Period of payment	from / / thro	ough/		
	weeks			