

STATE OF NEVADA

WORKERS' COMPENSATION LEAVE CHOICE OPTION

PURPOSE OF THIS FORM:

Employees who are eligible to receive temporary total disability benefits for a lost time claim can continue to receive full salary by choosing one of four options of leave to **supplement** their benefits. The disability checks must be turned over to the agency payroll clerk to receive this benefit. State law prohibits employees from receiving both workers' compensation benefits and full leave benefits simultaneously.

You may choose to be placed on leave without pay in lieu of using accrued leave (NRS 281.390). If you used paid leave and your leave is exhausted, you may, with the approval of the appointing authority, be placed on a leave of absence without pay.

When you choose options #2 - #5 to supplement your disability benefits, the amount of paid leave charged equals the difference between the benefits check and your regular salary. Your pay center will issue a check for the full amount of your salary and the benefits check will either be sent to the agency as reimbursement by the insurer or you must turn over the check to your agency if it was sent to you.

These options can be changed or modified as necessary by working directly with the appropriate payroll clerk.

Choice (Check One)

- _____ **Option #1** - Do not apply any accumulated leave time during the period in which workers' compensation is being received.
- _____ **Option #2** - Apply accrued sick leave to make up the difference between my workers' compensation benefits and my normal salary during the period in which workers' compensation is being received.
- _____ **Option #3** - Apply accumulated compensatory time to make up the difference between my workers' compensation benefits and my normal salary.
- _____ **Option #4** - Apply accrued annual leave to make up the difference between my workers' compensation benefits and my normal salary. **(Annual leave may only be used after sick leave is exhausted, unless you are on approved FMLA leave).**
- _____ **Option #5** - Apply a combination of Option #2, #3 or #4 to make up the difference between my workers' compensation benefits and my normal pay, during the period in which workers' compensation is being received. Record in the space below the type and amount of leave and the order in which you would like it used. **Also, note any special instructions regarding leave usage. (Example: use all sick leave except for 8 hrs and then apply comp leave).**
- _____ 4800 hour option for temporarily disabled police officer and fireman. I elect to receive my normal salary for a period of not more than one year *in lieu* of receiving compensation for the industrial injury or occupational disease for which I am eligible pursuant to NRS 616A to 617 and I have not made an election pursuant to NRS § 281.390. I have attached documentation from my attending physician or chiropractor that I am unable to perform the duties of my position and will be temporarily **totally** disabled for more than 30 days. (N R S § 281.153 applies)

If I have selected options #2 - #5, my signature below indicates that **I authorize the Workers' Compensation Insurer to send disability payment checks directly to my employer, until such time as the designated leave is exhausted.** I understand that my employer will contact the insurer when this leave has expired and that thereafter my disability checks will be sent directly to me. I further understand that should I receive any compensation under this program, I shall remit my industrial insurance benefit checks to the appropriate Division payroll department.

I understand that the amount of leave benefits combined with workers' compensation benefits cannot exceed my normal salary.

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

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ADDITIONAL INFORMATION

Catastrophic Leave

If all accumulated leave is exhausted employees may request consideration of use of catastrophic leave to make up the difference between their workers' compensation benefits and normal salary.

Health Plan Benefits

State contributions toward the regular Health Benefit Plan will cease after 9 months of leave without pay while receiving workers' compensation benefits. **Employees will be responsible to pay these costs if they wish to continue in the State Health Plan.** The agency is responsible to notify Public Employees Benefits Program when these 9 months has elapsed.

Long Term Disability

Employees may be eligible for long term disability benefits if an absence from work, due to an injury, exceeds 6 months. **It is the employee's responsibility to contact the Public Employees Benefits Program to request this benefit.**

General Assistance

If you are experiencing difficulty in receiving information, responses to requests or delays in medical care from the insurer, contact the appropriate representative within your agency or the Workers' Compensation Section at Risk Management for assistance.

Original to file
Copy to employee
Copy to CCMSI
Copy to Risk Management

Prepared by:
Risk Management Division
Workers' Compensation Section
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