



## EMPLOYEE'S ELECTION REGARDING UTILIZATION OF SICK AND ANNUAL LEAVE

Employee's Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employee's SSN: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**You are not required to use your leave.** Texas Labor Code §501.044 allows an injured state employee to elect to use accrued sick and annual leave before receiving income benefits. NOTE: Sick leave must be exhausted before annual leave may be used. Other categories of leave (compensatory leave, holiday leave, administrative leave, etc.) may not be used prior to sick and annual leave.

**Select only ONE election, either Election 1 or Election 2 below:**

☐ **ELECTION 1—Choose A, B, or C**

When I lose time from work due to this injury or illness, I elect to use all of my accrued sick leave **AND**:

- ☐ A. All of my accrued annual leave.
- ☐ B. A portion of my accrued annual leave (enter number below).
- ☐ C. None of my accrued annual leave.

If you selected B, how much of the portion of your leave do you wish to donate?

☐ **ELECTION 2**

When I lose time from work due to this injury or illness, I elect to not use any accrued sick leave or annual leave. I understand I am not entitled to workers' compensation income benefits until after the seven (7) calendar day waiting period.

If you know, please indicate how hours you have available: \_\_\_\_\_ Sick Hours: \_\_\_\_\_ Annual Hours: \_\_\_\_\_

### MONTHLY TEMPORARY INCOME BENEFITS (TIB) ELECTION

- ☐ I elect to change my Temporary Income Benefits frequency from weekly to monthly. For more information about TIB, please visit the Texas Dept. of Insurance website (<https://www.tdi.texas.gov/wc/employee/tempben.html>).

By signing below, I signify that I understand that I may not change my election after my eighth (8<sup>th</sup>) day of disability and that I have read the instructions on page 2.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator's Signature

\_\_\_\_\_  
Date