

SICK LEAVE - WORKERS' COMPENSATION

NAME: _____

I hereby request payment from my accumulated sick leave while I am off work due to an illness or injury for which workers' compensation benefits are claimed.

I acknowledge that I am not entitled to use sick leave for time off from work due to an illness or an injury for which workers' compensation benefits are claimed except to supplement my workers' compensation benefits and maintain my regular full salary.

I hereby assign my workers' compensation benefits to: (State Agency)
and authorize said agency to receive and hold by workers' compensation check until I endorse said check to the agency.

I may revoke this authority at any time in writing by delivering a copy of the writing to the agency, however, said revocation shall not apply to any workers' compensation check for periods of time in which I have already received sick pay.

This the _____ day of _____, 20_____

Signature

Witness