



**STATE OF MAINE  
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES  
Bureau of Human Resources  
Office of Workers' Compensation  
114 State House Station  
Augusta, ME 04333-0114**

Serving The Public And Delivering Essential Services to State Government

Janet T. Mills, Governor  
Kirsten LC Figueroa, Commissioner

Anna Ryerson, Director

**MAINE STATE GOVERNMENT  
BENEFIT LEAVE OPTIONS DURING WORKERS' COMPENSATION ABSENCE**

This form is an acknowledgement that I understand that I have claimed workers' compensation benefits from the State of Maine, Self-Insured Workers' Compensation Program for an injury sustained on \_\_\_\_\_. **IF THIS FORM IS NOT RETURNED, EMPLOYEE WILL RECEIVE A WC CHECK AND NO RESTORATION OF TIME WILL OCCUR. \*\*No wage payments will be made until the waiting period is met in accordance with the WC Act.\*\***

**CHECK BOX 1 – VACATION/COMP/PERSONAL TIME WILL NOT BE RESTORED.**  
**I will receive a paycheck through my Agency Payroll AND ALSO receive a workers' compensation check based on my comp rate.**

I understand that I may have already used, or may use in the future, my accrued vacation/comp/ personal leave time for time missed from work due to the injury. I understand that if I receive a workers' compensation check for the time periods when I have used my vacation/comp/personal leave time, then I may still receive a workers' compensation check **in addition to** the vacation/comp/ personal leave pay I have already received and there will be no restoration for the leave hours used.

**CHECK BOX 2 – VACATION/COMP/PERSONAL TIME WILL BE RESTORED.**  
**I will receive a paycheck through my Agency Payroll and receive a restoration of my time in lieu of receiving a weekly workers' compensation check.**

I have decided that in lieu of receiving a workers' compensation check for the same time period(s) that I have already received vacation/comp/personal leave pay, I am electing to have my vacation/comp/personal leave time **restored** based upon my workers' compensation rate.

**CHECK BOX 3 – SICK LEAVE WILL NOT BE RESTORED.**

I have elected to use my sick leave time to remain in full pay status with full deductions and receive a paycheck through my Agency Payroll. Sick leave is counted as earnings and a partial check may or may not be received based on your earnings and Average Weekly Wage.

**I ALSO MAY CHOOSE TO RECEIVE A WEEKLY WORKERS' COMPENSATION CHECK WITHOUT USING ANY OF MY BENEFIT LEAVE TIME\*.**

\*However, if I elect to use enough of my leave time to keep my benefits active, the leave time will be processed according to my selection in Box 1, 2 or 3 above. Please make a selection; if no selection is made it will default to Box 1

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department