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

Janet T. Mills, Governor
Elaine Clark, Commissioner

Shonna Poulin-Gutierrez, Executive 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 – <u>VACATION/COMP/PERSONAL TIME WILL NOT BE RESTORED</u>.**
I will receive a paycheck through my Agency Payroll <u>AND ALSO</u> 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 – <u>VACATION/COMP/PERSONAL TIME WILL BE RESTORED</u>.**
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 – <u>SICK LEAVE WILL NOT BE RESTORED</u>.**

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