

STATE OF MAINE

**DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES**

**Bureau of Human Resources**

**Division of Employee Health and Benefits and**

**Office of Workers’ Compensation**

**114 State House Station**

**Augusta, ME 04333-0114**

Paul R. LePage, Governor

Alec Porteous, Commissioner

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 \_\_\_\_\_\_\_\_\_\_\_\_\_.

 [ ]  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.

 [ ]  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.

 [ ]  I have elected to use my sick leave time to remain in full pay status with full deductions. I understand that an offset for these wages will occur and my sick leave will **not** be restored.

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Printed Name

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Signature Date

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Department

WCO/BLO

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