

SICK LEAVE/VACATION AUTHORIZATION FORM FOR EXTENDED SICK LEAVE BENEFIT

Date: _____

Employee Name: _____

Employee Dept: _____

In order to receive the University of California Extended Sick Leave benefit to which you may be entitled in addition to Workers' Compensation benefits you receive by law, you must check the appropriate box below and return this form to:

If we have not received the form within fourteen calendar days of the date above, we will report your time as if you had chosen Option A below, and we will use your sick leave to supplement your Workers' Compensation payments.

Before completing the authorization below, review the information on the reverse of this form. It outlines the different benefits, which apply to each option.

PLEASE CHECK ONE:

OPTION A – Use of Sick Leave Only

I hereby authorize use of all sick leave accruals to supplement the temporary disability payments I receive from Workers' Compensation, so that in total I will receive the amount of my regular UC pay for as long as I have accrued sick leave and will be eligible for additional University benefits.

OPTION B – Use of Sick Leave AND then Vacation Leave

I hereby authorize use of all sick leave and vacation leave accruals to supplement the temporary disability payments I receive from Workers' Compensation, so that in total I will receive the amount of my regular UC pay for as long as I have accrued sick leave and vacation leave and will be eligible for additional University benefits.

OPTION C – No Use of Sick Leave or Vacation Leave

I do *not* wish to use my sick leave, nor my vacation leave accruals, to supplement Workers' Compensation temporary disability payments. I request a Leave of Absence Without Pay during the period I am receiving Workers' Compensation temporary disability benefits. I understand that *I will not be eligible for the additional University benefits, including disability benefits under the University's Supplemental Disability Insurance Plan.*

Employee Signature _____ Date _____

The above options are in accordance with Personnel Policies for Staff Members 44 or applicable contract language.

Distribution:
White: Payroll Yellow: Department Pink: Employee

(Reverse side of Extended Sick Leave form)

INFORMATION ABOUT YOUR OPTIONS UNDER EXTENDED SICK LEAVE

OPTION A: Use of Sick Leave Only

You can use your sick leave to add to your Workers' Compensation benefits, so that your total income will continue at 100% of your regular UC pay.

If you are still receiving Workers' Compensation temporary disability payments when your sick leave is exhausted, you may qualify for Extended Sick Leave (ESL) benefits. Your department adds to your Workers' Compensation payments so that your total income is 80% of your regular UC pay. The ESL benefits can be paid for up to 26 weeks.

If you are still receiving Workers' Compensation temporary disability payments when your ESL benefits are exhausted *and* you were enrolled in the University of California Supplemental Disability Insurance Plan, Supplemental Disability benefits are payable for up to an additional 52 weeks. Supplemental Disability benefits add to your Workers' Compensation benefits so that your total income will be 70% of your regular earnings.

OPTION B: Use of Sick Leave, and then Vacation Leave

The benefits are like those described in Option A, but your total income stays at 100% for a longer period of time because after your sick leave is exhausted you use your vacation leave to add to the Workers' Compensation payments.

OPTION C: No Use of Sick Leave or Vacation Leave

If you elect Option C, you are entitled *only* to the Workers' Compensation benefits.

You must make arrangements through the Accounting Office to pay the full cost of your University Health Insurance premiums, if you wish to continue insurance coverage under those plans.

COMPARISON CHART OF POSSIBLE BENEFITS

	Use of Sick Leave	Use of Vacation Leave	Extended Sick Leave	Supplemental Disability	University Pays Health Insurance
A	YES	NO	YES	YES	YES
B	YES	YES	YES	YES	YES
C	NO	NO	NO	NO	NO