

APPLICATION FOR SICK LEAVE AND/OR VACATION PAY AS
A SUPPLEMENT TO WORKERS' COMPENSATION

Employee's Name _____ Job Title _____

Date of Accident _____ Location Number _____

Under School Board Policy 4.4, you may decide to use sick leave or vacation leave to supplement the Workers' Compensation payments you are now receiving.

The State of Florida requires Workers' Compensation to be paid at a rate of 66 2/3% of an average weekly wage to maximum allowed by Florida State Statue 440.

In addition, you may decide to use a portion of your sick/vacation leave to supplement your Workers' Compensation payments. If you choose this option, you will receive two (2) checks.

Check No.1 will be sent from the School Board of Broward County's Workers' Compensation Bill Pay Administrator (SI - Medical.)

Check No.2 Will be direct deposited from the School Board which will represent the sick/vacation leave portion. FICA and income tax will be deducted from the check.

If my absence from work extends beyond _____, I wish to do the following:
(Date)

____ I do authorize the application of _____ hours **sick leave**. This authorization is with the full knowledge and understanding that I am giving up 2.67 hours of sick leave per fiscal working days in order to supplement my Workers' Compensation payments which I am now receiving or will receive. (Formula 2.67 hrs. x _____ days = _____ hrs.)

____ I do not authorize application of sick leave

____ I do authorize the application of _____ hours **vacation leave**. This authorization is with the full knowledge and understanding that I am giving up 2.67 hours of vacation leave per fiscal working days in order to supplement my Workers' Compensation payments which I am now receiving or will receive. (Formula 2.67 hrs. x _____ days = _____ hrs.)

____ I do not authorize application of vacation leave

THE ABOVE APPLIES ONLY
IF YOU HAVE ACCUMULATED
SICK/VACATION LEAVE

Date

Employee Signature

Personnel Number