

### ELECTION OF ACCRUED BENEFITS UNDER WORKERS' COMPENSATION

All employees, including part-time, temporary and student workers, are covered for Workers' Compensation Benefits. Benefit coverage is employer mandated under the Workers' Compensation Act, O.S. Title 85. This Oklahoma statute specifies the following: 1) who is covered, 2) what injuries and/or diseases are covered and 3) provides benefits for employees with injuries and/or diseases that are compensable under the Act.

Employees determined to be temporarily disabled by a qualified physician are entitled to receive lost wages under Workers' Compensation. Lost wage benefits will begin after a three day waiting period. During this time, an employee may elect to use accrued vacation and/or sick leave. Workers' Compensation benefits only replace a portion of an employee's weekly salary.

During the period in which an employee has been determined to be temporarily disabled, he or she is entitled to receive up to 70% of his or her average weekly wage, but not to exceed the State maximum per week. \*\* During the period in which an employee is receiving Temporary Total Disability (TTD), she or he may elect to use accrued vacation and/or sick leave to offset the remaining 30%. **An employee is only eligible to receive TTD benefit payments during the period in which the employee is unable to work due to the work-related injury or illness that is covered under workers' compensation.**

If you should choose to use your accrued time, please indicate below.

I, \_\_\_\_\_ (print name) elect the following: The first

three days of "no work" status I elect to use:

\_\_\_\_\_ Sick Leave  
\_\_\_\_\_ Vacation Leave

During TTD I elect to use:

\_\_\_\_\_ Sick Leave  
\_\_\_\_\_ Vacation Leave

The above election is binding and will remain in effect until at such time I exhaust my accrued sick leave and/or vacation leave benefits, I am released to return to work for my regularly scheduled hours or I indicate in writing "I wish at this time to discontinue the use of my accrued time".

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Signature

Date

\*\*The State maximum is subject to change. Payments made by payroll will be adjusted to conform to State regulations.

Return to Risk Management via email at [arolle@oru.edu](mailto:arolle@oru.edu), send first class mail to 7777 South Lewis Avenue Tulsa OK 74171 or send fax to (918)495-7563.