



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Leave Option Election -
Work-related Accident/Illness**

Employee name	Social Security number	Classification
Location/Unit	Date of accident/illness	Workers' Comp Claim no.

In accordance with Section 2e of Title 85 of the Oklahoma Statutes, an employee suffering from a work-related accident or illness may supplement his or her Workers' Compensation Temporary Total Disability (TTD) with the use of any available sick or annual leave to the extent that he or she receives the equivalent of full wages during the absence from work.

The first three calendar days of absence will **NOT** be compensated by Workers' Compensation, regardless of the leave election for that period of time. When leave is used to supplement Workers' Compensation leave without pay, a separate warrant is prepared for that time and issued on a supplemental payroll.

Leave option election

For the first three calendar days of absence, I elect to use:

Annual leave Comp time Sick leave Leave without pay Shared leave

For the remainder of my absence, I elect to use:

- Only **leave without pay**. This **will not** supplement my TTD payments.
 - A combination of paid leave as indicated below. This will enable me to supplement my TTD payments. I have **numbered** my election(s) below in the order I wish to use them.
- Annual leave until exhausted _____
- Regular comp time until exhausted _____
- Sick leave until exhausted _____
- Comp holiday until exhausted _____
- Shared leave, if eligible _____

Note: Any person receiving temporary disability benefits from any employer or the employer's insurance carrier, must promptly report in writing to the employer or insurance carrier, any change in a material fact, or the amount of income he or she is receiving, or any change in employment status, occurring during the period of receipt of such benefits.

I have read and understand this form and I hereby elect the above options for leave adjustment(s) to be made during my absence. I understand that this election may be changed by submitting a new Form 23RS113E. This leave option election is effective with the pay period in which it is received.

Signature of employee _____
Date