



WORKERS' COMPENSATION REQUEST TO USE ACCUMULATED LEAVE WCF-2

Name: _____ PERNR: _____

Date of Injury or Illness: _____

Pursuant to 101 KAR 2:140, Section 4(2), I hereby request payment from my accumulated leave balances while I am off work due to an illness or injury for which workers' compensation income benefits are claimed.

I acknowledge that I am not entitled to use accumulated leave for time off from work due to an illness or an injury for which workers' compensation income benefits are claimed except to supplement my workers' compensation income benefits and maintain my regular full salary.

I hereby remit my workers' compensation income benefits to the following State Agency:

I authorize the agency to utilize workers' compensation income benefits to restore a portion of the accumulated leave time to maintain my full salary. I understand that no accumulated leave will be restored until I endorse and return the workers' compensation income benefit check to the agency. I further acknowledge that Employer Paid Leave, if eligible, must be exhausted prior to use of other leave.

At the time the agency receives the endorsed check, the appropriate amount of leave will be restored. If I do not endorse and return the income benefit check to my agency, I authorize my employing agency to deduct from my pay a sum equal to any amount of workers' compensation income benefits I fail to remit to my agency pursuant to this agreement.

I may revoke this authority at any time in writing by delivering a copy of the writing to the agency; however, the revocation shall not apply to any workers' compensation income benefits check for periods of time in which I have already received paid leave.

Signed this the _____ day of _____, 20_____.

Signature

Witness