

Witness

WORKERS' COMPENSATION REQUEST TO USE ACCUMULATED LEAVE

ame:			PERNR:
te of Injury or Illness:			
	am off work due to		equest payment from my accumulated leave ury for which workers' compensation income
or an injury for w	hich workers' comp	pensation incor	lated leave for time off from work due to an illness ne benefits are claimed except to supplement my ain my regular full salary.
I hereby remit m	y workers' compens	sation income b	penefits to the following State Agency:
I authorize that a endorse the chec		d hold my wor	kers' compensation income benefits check until I
•			y pay a sum equal to any amount of workers' agency pursuant to this agreement.
however, the rev	•	pply to any wor	y delivering a copy of the writing to the agency; kers' compensation income benefits check for id leave.
gned this the	day of	,	20 .
gned this the			