

BALLOT AUTHORIZATION

PURPOSE: When an eligible employee exhausts his/her accrued sick leave, remains disabled, and continues to receive temporary disability payments, he/she may receive Extended Sick Leave benefit for a maximum of 26 weeks for any one injury or illness. (See **Personnel Policies for Staff Members: Policy 44. Work-Incurred Illness and Injury** for explanation on Extended Sick Leave). This form serves as selection of a plan from the following 3 plans for work-incurred injury to supplement temporary disability benefits. Your decision to use one of the following options is irrevocable for this particular injury or illness.

Name _____ Date of Injury (DOI) _____

If your claim is accepted, then the following selected plan will be in effect.

Please select from the following options while on Workers' Compensation Leave:

Plan I will be selected for you, if you fail to make an election within ten working days from the date of receipt.

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Plan I

I, _____ (print name) authorize the use of my accrued sick leave at the date of my injury to supplement the difference between Octagon Risk Services temporary disability payments and 100 percent of my salary.

Plan II

I, _____ (print name) authorize the use of my accrued sick leave and subsequently vacation leave at the date of my injury to supplement the difference between the Octagon Risk Services temporary disability payments and 100 percent of my salary. I understand that under this plan my sick leave balance is exhausted first before my vacation leave balance is used.

Plan III

I, _____ (print name) do not authorize the use of my accrued sick leave and vacation and by selecting this plan, elect to be put on leave of absence without salary for the period I am receiving temporary disability payments from Octagon Risk Services. I understand that I will not be eligible to receive the University Extended sick leave benefit under this plan.

(Signature)

(Date)

Return this ballot to:

**University of California, Irvine
HR Workers' Compensation Program
1000 Berkeley Place
Irvine, CA 92697-4600
Fax (949) 824-WC99**

If you have any questions or need further clarification on each plan, please contact our office either at (949) 824-7008 or (949) 824-9746.

Note: Immediate return of this completed form is necessary to ensure that your department is not over charged and that you, the employee, are properly paid.