

WORKERS COMPENSATION OPTIONS

(Section IX.A.2(b) of the Utah County Human Resources Rules and Regulations)

Employees with benefits please read and sign this form even if you have not missed any days of work or work duties have not been restricted.

NAME: _____ DATE: _____

Utah County Human Resources Rules and Regulations provide the following options for benefitted employees receiving compensation from our workers compensation insurance for loss of time: In the event that an employee is injured on the job, the following options are available:

_____ 1. Taking a leave of absence without pay and retaining the compensation provided by the County's workers compensation carrier:

Please note: By selecting this option, I understand I will not receive any holiday pay and no contributions will be made to my 401 accounts while I am on leave without pay (LWOP).

OR

_____ 2. The worker compensation checks shall be assigned to Utah County. Combining the workers compensation with accrued leave to remain on payroll at **full salary** until all accrued leave has been exhausted, after which Option 1 above would be automatically implemented.

Please select one of the options listed above by placing an X in the space provided, sign and date the form. Return it to the Human Resources Office immediately, **even if you do not anticipate missing work**. If you have any questions, please call Human Resources at extension 8158.

SIGNED: _____ DATE: _____