

## HUMAN RESOURCE SERVICES

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### WORKERS' COMPENSATION DISABILITY BENEFIT PAYMENT OPTION FORM

Pursuant to West Virginia State Code Sec 23-4-1

Employee name (PRINTED):	
Social Security number:	
Date of injury:	
Date began missing work:	
FOR OFFICE USE ONLY:	

This form is to be completed by the employee who is claiming Workers' Compensation benefits. West Virginia State Code Section 23-4-1 limits Workers' Compensation disability benefit payments for time off from work due to a work-related injury or illness to either employer paid sick leave benefits or Workers' Compensation Temporary Total Disability benefits. Claimants must elect a method of payment by placing a check mark in the block to the left of the desired option. **This form must be submitted to HR Services within three days of the date of injury.** If the employee is incapacitated or otherwise unable to complete the form, the sick leave option will apply.

<input type="checkbox"/>	<p><b>TEMPORARY TOTAL DISABILITY (TTD) OPTION: I elect to receive Workers' Compensation TTD benefits instead of sick leave;</b> however, I understand that I may use sick leave (or annual leave after sick leave is exhausted – see <i>Annual Leave Decision</i> below) <b>only until</b> I receive my initial TTD benefits check. I understand that while receiving TTD benefits, I will be in a leave of absence without pay status. During this leave of absence without pay, I understand that I will continue to be paid for the annual experience increment as well as accrue service credit for reduction in force. I will not accrue paid leave and I will not be paid for holidays during this leave of absence without pay. I understand that I will not accrue service credit towards the annual experience increment or the salary schedule. I understand that if I elect to receive TTD benefits and choose or receive paid sick leave until I receive my initial TTD benefits check, I must reimburse the net value of the paid leave to Marshall University, who will then restore that leave. If I fail to reimburse Marshall University the net value of the paid leave used, I understand such amount will be deducted from future wage payments. In addition, I may be subject to disciplinary action.</p>
<input type="checkbox"/>	<p><b>SICK LEAVE OPTION: I elect to receive sick leave benefits instead of Workers' Compensation temporary total disability (TTD) benefits</b> for the period that I am absent from work due to a work-related injury. While I am receiving paid leave benefits (e.g., sick leave and annual leave after sick leave is exhausted (see <i>Annual Leave Decision</i> below)), I understand that I will accrue sick and annual leave, be paid for holidays that occur during this period, will be paid for and accrue time for the annual experience increment as well as accrue service credit for reduction in force. After I exhaust sick leave and annual leave (if requested), I understand that I am eligible to receive TTD benefits during any remaining period of absence from work due to a compensable injury. If I receive TTD benefits, I understand that while receiving these benefits, I will be in a leave of absence without pay status. I will accrue service credit for reduction in force calculation and be paid for the annual experience increment. However, I will not accrue paid leave or be paid for holidays occurring during this period. I understand that I will not accrue service credit towards the annual experience increment or the salary schedule.</p>

**ANNUAL LEAVE DECISION:** I understand that after sick leave is exhausted, I may use accrued annual leave in order to remain on the payroll. Therefore, I desire to use accrued annual leave to remain on the payroll.

<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b> , I elect to save annual leave for use at a later time.
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Employee Signature:		Date:	
Witness Signature:		Date:	
Printed Name of Witness:			

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