

SICK AND VACATION LEAVE FORM

Bureau of Human Resources
Workers' Compensation Program
500 East Capitol Avenue
Pierre, SD 57501

**State of South Dakota
Workers' Compensation Program**

COMPLETE AND RETURN THIS FORM WITHIN 15 DAYS OF RECEIVING A NOTE TO BE OFF WORK FOR 7 OR MORE CALENDAR DAYS FROM YOUR STATE JOB OR OTHER EMPLOYMENT IF YOU CHOOSE NOT TO USE ACCRUED LEAVE TO EQUAL YOUR REGULAR EARNINGS.

If you are unable to work at your state job or other employment (including weekends and holidays) for 7 or more calendar days and have a doctor's note with a recommendation to be off work for 7 or more calendar days, Workers' Compensation will provide you up to two-thirds of your salary within the statewide minimums and maximums set annually by the South Dakota Department of Labor and Regulation, Division of Labor and Management. It is recommended, but not required, that you use your accrued sick leave and vacation leave to supplement your Workers' Compensation payment to equal your regular earnings.

By using your accrued leave, you will maintain coverage of your elective benefits and, if applicable, health insurance premiums for yourself, your covered spouse, or dependents. If you choose not to use your accrued leave, you will be billed the amount of the premium for your health insurance and the premiums for any elective benefits. Failure to pay the invoice will result in canceled coverage.

In addition, you will continue to accrue sick and vacation leave for the accrued leave used to supplement your Workers' Compensation payment. If you choose not to supplement your Workers' Compensation payment, the time not covered by Workers' Compensation will be considered leave without pay, which does not accrue sick or vacation leave.

Lastly, your retirement benefits may be affected. If you choose to supplement your Workers' Compensation payment, retirement contributions will be made based upon the amount used to supplement your Workers' Compensation payment. If you do not supplement your Workers' Compensation payment, you will have no retirement contributions. Please contact the South Dakota Retirement System (SDRS) for more information (605.773.3731).

If you choose to use your accrued leave to supplement your Workers' Compensation payment, you do not need to do anything.

If you are eligible for partial payment of lost wages, and do not wish to supplement the Workers' Compensation payment with accrued sick and/or vacation leave, you must provide this form to your Workers' Compensation Human Resource Specialist within 15 days of being off work per your doctor's recommendation.

My signature on this form indicates the following:

1. I have made this request voluntarily;
2. I understand I am waiving my right to utilize leave to supplement my Workers' Compensation payment, and I cannot reverse my decision and request to use my leave at a later date;
3. I understand I will be invoiced for elective benefit premiums, and non-payment will result in canceled coverage;
4. I understand I will be invoiced for health insurance premiums, if applicable, and non-payment will result in canceled coverage; and
5. I further acknowledge and understand that it is my responsibility to seek answers to any questions I may have about the impact of this request on my earnings, future earnings, and benefits.

Employee Name (Printed)

Employee Number

Employee Signature

Date