THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

WORKERS' COMPENSATION INSURANCE
REQUEST FOR PAID LEAVE

PLEASE FORWARD PROMPTLY

Name	Date of Injury/Illness	Institution
_____	_____	_____

If you sustain an on-the-job injury covered by workers' compensation insurance, The University of Texas System will pay reasonable and necessary medical bills resulting from the injury in accordance with the Texas Workers' Compensation Act and will allow you to remain on the payroll using all paid leave available to you.

If you are unable to work[1] after using paid leave and are removed from the payroll, workers' compensation temporary income benefits[2] will begin as prescribed by law.

TOTAL SICK & VACATION LEAVE AVAILABLE AS OF DATE OF INJURY: _____ HOURS
(You may use all or a portion of leave due)[3]

☐ I wish to use **all of my paid leave** and remain on the payroll from _____ through _____. After such time, workers' compensation temporary income benefits will begin, provided I have not been released to return to work.

☐ I wish to use **only a portion** of paid leave and remain on the payroll from _____ through _____. After such time, workers' compensation temporary income benefits will begin, provided I have not been released to return to work

☐ **I do not wish to remain on the payroll**. Please place me on leave without pay for all time lost. I understand that workers' compensation temporary income benefits will begin following the statutory seven-day waiting period, provided I have not been released to return to work.

With few exceptions, you are entitled on your request to be informed about the information UT HSC-H collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitletd to have UTHSC-H correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTHSC-H collects will be retained and maintained as required by Texas records retention law (Section 441.180, et. seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Employee	Date
_____	_____

Department Head or Supervisor	Date
_____	_____

1 Employees are expected to provide information to their employers on a regular basis regarding their work status. Workers' compensation temporary income benefits are intended only for employees who are unable to work because of a work-related injury.

2 Workers' compensation temporary income benefits for injuries sustained September 1, 1993, and thereafter, will be calculated at a percentage of your average weekly wage not to exceed the maximum allowable rate permitted by law.

3 Employees are responsible for their Health Insurance Premium after being in an unpaid leave status for more than 1 calendar month. For information regarding the Family and Medical Leave Act (FMLA), contact Human Resources at (713) 500-3130; HCPC employees call (713) 500-4767. For information regarding Health Insurance, contact Benefits at (713) 500-3935.

Distribution of Copies: Original - Risk Management & Insurance (OCB 1.330)
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