

**Employee's Election regarding utilization of sick leave/personal leave as it relates to Worker's Compensation**

I \_\_\_\_\_, voluntarily choose to take my sick leave/personal leave benefits in lieu of any Workers' Compensation indemnity benefits for all lost time from \_\_\_\_\_ through \_\_\_\_\_.

If I exhaust my sick leave/personal leave benefits and/or wish to withdraw this agreement, I will immediately contact Ms. Jane Smelser with Claims Administrative Services at 903-509-8484 Extention:214, and inform her of the specific date I wish to begin receiving indemnity benefits available through Workers' Compensation.

**NOTE: This agreement has no effects on medical benefits through Workers' Compensation.**

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Title

\_\_\_\_\_  
Date