

# Time Loss Election Form (required) For Employees of PEA or PESPA

## INSTRUCTIONS:

The following information is to be completed by an injured employee who has a time loss claim and is eligible for paid leave (sick, vacation or other similar leave benefits). The employee has the option to receive additional pay to supplement the time loss payments that he/she may receive, by using existing leaves. Make your selection in the payment provisions section below:

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ **Completed original to:**  
Employee Address: \_\_\_\_\_ Location: \_\_\_\_\_ Tracy Kiyabu, HR/Return to Work Coordinator  
Email: [KiyabTL@puyallup.k12.wa.us](mailto:KiyabTL@puyallup.k12.wa.us)  
Position: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Fax: 253-841-8650  
Date of Injury: \_\_\_\_\_ Claim Number: \_\_\_\_\_ **Completed copy to:**  
Margaret Nelson, Payroll Supervisor  
Email: [Nelsonme@puyallup.k12.wa.us](mailto:Nelsonme@puyallup.k12.wa.us)  
Fax: 253-840-8860

## YOU WILL BE PAID:

Industrial Insurance Benefits: Temporary Total Disability (TTD) benefits based upon date of injury wages (typically 60% to 75% of gross wages depending on marital/dependent status up to a maximum of 120% of the state's average wage).

Optional Leave Benefits: You are on leave-without-pay status. However, you may voluntarily elect to receive sick/vacation leave pay and/or other similar benefit pay in addition to your industrial insurance benefits.

**PAYMENT PROVISIONS:** Employee may exercise his/her right to change their Time Loss Election Form option at any time. However, all changes will be on a prospective basis and will not be applied retroactively.

**DISCLAIMER:** School year employees may experience a reduced paycheck for the current month of election as well as subsequent paychecks for the remainder of the school year. All full year employees who arrive in an unpaid status or elect to NOT use leave, could trigger an overpayment status due to the timing of your claim and payroll processing. Please discuss the impact of your elections fully with the Return to Work Coordinator before making your elections.

- (OPTION #1)** - I wish to receive only the time loss benefits from Puget Sound Workers' Compensation Trust if applicable. Do not apply any of my available paid leave. Note: Choosing this election automatically forfeits consideration for Leave Share.
- (OPTION #2)** - I wish to use my available sick leave to keep my pay in force with the District during the range of time I am receiving time loss benefits from Puget Sound Workers Compensation Trust (PSWCT) and buy back the proportionate share of sick leave used with the payment(s) I receive for time loss benefits. (**NOTE:** If Option 2 is elected, you will not be able to use/participate in Leave Sharing)
- Employee receives time loss payment(s) from PSWCT
  - District receives a copy of time loss payment(s) from PSWCT
  - District uses the benefit payment(s) amount and time loss date range to calculate the value of sick leave buy back, excluding any days exempt from leave (paid holidays, vacation, LWOP)
  - District deducts time loss payment(s) from employees' next available paycheck
  - District returns the number of sick leave hours bought back with the time loss payment(s) to employees' sick leave balance in the next calendar month
- (OPTION #3)** I wish to receive time loss payment(s) from Puget Sound Workers' Compensation Trust (PSWCT) AND use my available leave to keep my pay in force with the District. Please apply the following leave type(s) during my time off work due to my work injury:
- Sick  Personal  Leave Share (if elected below)

As an employee of PEA or PESPA, contract provisions allow employees who are off work due to a work injury to participate in Leave Sharing. To qualify, you must deplete all your available paid leave before Leave Share is authorized.

\_\_\_\_\_ Yes, if eligible, I would like to participate in Leave Sharing \_\_\_\_\_ No, I do not want to participate in Leave Sharing.

**Note:** For certificated staff, unpaid time off will impact your creditable certificated experience for the school year and may impact your future salary schedule placement.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Your elections may also impact medical benefit eligibility and Holiday pay. Please contact the Payroll Department at (253) 841-8762 to fully discuss this impact before making your elections.

Revised 8-27-19

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