

Anchorage School District

Workers' Compensation Leave Options

Last Name	First Name	Social Security Number
School/Department	Position	Bargaining Group
First Day of Leave & Time	Last Day of Leave & Time	Total Days

Workers' Compensation law provides payment of compensable injuries after a waiting period of three days. Please be advised that the threeday waiting period does include weekends and holidays in the calendar year. NOTE: Your bargaining group's negotiated agreement will determine your options pertaining to a work-related injury or illness. The following forms must be completed and submitted to ()o4(i)-14srkk

<p>Please choose one of the options below</p> <p>I choose to use my sick leave days on the following basis, based on availability:</p> <p><input type="checkbox"/> Half day for each day of leave <input type="checkbox"/> I choose to take leave without pay</p>
<p>ACE Please prioritize your leave options below (2,13) OR select leave without pay option</p> <p><input type="checkbox"/> Annual leave days</p> <p><input type="checkbox"/> Non-work days OR <input type="checkbox"/> I choose to take leave without pay</p> <p><input type="checkbox"/> Sick leave days</p>
<p>APA, Exempt Please choose one of the options below:</p> <p><input type="checkbox"/> I choose to use my sick leave based on availability</p> <p><input type="checkbox"/> I choose to take leave without pay</p>
<p>Maintenance Please choose one of the options below:</p> <p><input type="checkbox"/> I choose to use annual leave for the first 3 days on Workers' Compensation</p> <p><input type="checkbox"/> I choose NOT to use annual leave for the first 3 days on Workers' Compensation</p>

Student Nutrition

I understand that I must use accrued annual leave for up to the first three (3) days of time lost. If I have no accrued