



The City University of New York

Election of Rate of Charge Against Leave Balances for Absence Due to Injury Sustained in the Performance of Official Duties

INSTRUCTIONS: The injured employee, or an authorized agent, should submit this form to the college Personnel Office within the first seven days of absence due to injury sustained in the performance of official duties.

I, _____, employed at the COLLEGE OF STATEN ISLAND, in the position of _____, or my authorized agent, do hereby elect the option designated below, subject to the conditions attached thereto, as the one to be applied in determining the charge, if any, to be made against my leave balances for absence due to injury sustained in the performance of my official duties:

CHECK ONE (1) OPTION ONLY

- _____ **Option I.** I elect to receive the difference between the amount of my weekly salary/wages and the compensation rate, subject to the following conditions:
- a. A pro-rata charge shall be made against my leave balances equal to the number of working days of absence less the number of working days represented by the Workers' Compensation payments, and
 - b. My accrued leave balances are, to the best of my belief, adequate to meet the charges made against them for supplementary pay, and
 - c. The injury sustained by me was not the result of my willful gross disobedience of safety rules or my willful failure to use a safety device, nor was I under the influence of alcohol or narcotics at the time of injury or death upon myself or another, and
 - d. Such medical examinations will be undergone by me as are requested by the New York City Law Department Worker's Compensation Division and by my college, and when found fit for duty by said physicians, I shall return to my employment.

_____ **Option II.** I elect to receive only Workers' Compensation benefits in their entirety with no charge against leave balances.

Injured employee's signature and date: _____
SIGNATURE OR DATE

Authorized agent's name: _____

Authorized agent's signature and date: _____

Authorized agent's address: _____

Authorized agent's relationship to injured employee: _____

Witness's name: _____

Witness's signature and date: _____

Witness's address: _____

Distribution: Original to college files, Copy to employee,
Copy to New York City Law Department
Workers' Compensation Division
Copy to authorized agent, if any
Copy to witness, if any



EXPLANATION OF OPTIONS I AND II

OPTION I

Option I allows the employee to be paid while awaiting a Workers' Compensation determination from the Law Department by using all of the employee's leave balances plus (if required) 3 months of granted leave for an injury or 18 months of granted leave for an assault on the job. The leave is deducted on the employee's weekly ETR, using event type codes specifically coded for Worker's Compensation absences.

When an employee chooses Option I, he/she will be kept on full pay status from the first day of absences. This is done by charging the days they are out of work against any sick leave, or compensatory time balances they have. Sick leave will be used first, then annual leave, and finally, compensatory time. If the Workers' Compensation Board rules in the employee's favor and benefits are awarded, then the employee gets back a prorated portion of the time used. **ALL OF THE TIME WILL NOT BE RESTORED.** Remember, the agency provided the employee with full salary while the employee was entitled to only a portion of his/her salary. In order for the time to be restored, the New York City Worker's Compensation Division must send a "Time Restoration Memo" to the agency advising the agency of the amount of time the employee is entitled to.

To be eligible to use Option I, the employee must meet the five conditions outlined:

1. Request Option I in writing within 7 calendar days of absence from work. If the DP-2002 form is not returned within the allotted time, the employee will be placed on Option II.
2. Agree that a pro-rated charge will be made against sick, annual, and compensatory time equal to the number of days of absence from work less the number of days equal to the compensation payments.
3. Have the necessary accrued leave time or advanced credits from the agency.
4. Not be guilty of willful and gross disobedience of safety rules of the agency and/or failure to use a safety device, or not found to be under the influence of alcohol or drugs at the time of the injury, or did not willfully intend to harm themselves or another person.
5. Undergo medical exams as required by the agency and the New York City Worker's Compensation Division and return to work when found fit for duty.

OPTION I WILL AUTOMATICALLY CHANGE TO OPTION II WHEN ALL LEAVE BALANCES ARE EXHAUSTED.

OPTION II

The employee is no longer paid by the agency. The employee's leave balances remain intact and his/her leave status is changed to "C". The employee has to wait for the New York City Workers' Compensation Division to send the compensation payments. The member will not be in full pay status and will not receive an agency paycheck. However, the employee will continue to earn leave for the first 183 days of absences.

The employee's medical benefits will be covered by SLOAC (Special Leave of Absence Cover) for the first four months of absence. After the four months, medical benefits are handled by COBRA.