|  |
| --- |
|[ ]  I elect to use all earned sick leave (number of days Choose an item.) and/or vacation leave (number of days Choose an item. ) in my leave account at the time this disability began. I understand that I will draw full salary to the extent of my available earned leave. If my disability extends beyond the limits of my earned leave, Workers’ Compensation benefits will commence and I will be paid a weekly wage benefit for temporary disability in accordance with the Georgia Workers’ Compensation Law. |
|[ ]  I elect not to use my accumulated leave. I understand that my regular wages will be suspended as of the last day I worked and will not be reinstated until I return to regular duty. I further understand that I will not be paid Workers’ Compensation wages for the first seven days of my disability unless I am totally disabled for 21 days or more. |
|[ ]  I elect to use part of my accumulated sick and/or vacation leave for this disability. I elect to use Choose an item. sick leave days and Choose an item. vacation days for the first Choose an item. days of this disability. Thereafter, Workers’ Compensation wages will be paid to me in accordance with the Georgia Workers’ Compensation law. |
|[ ]  I further understand that this election cannot be changed or revoked. |

**Election to use Sick Leave and/or Vacation Leave in Lieu of Workers’ Compensation**

**Employee’s Full Name:** Click or tap here to enter text.

**AGREEMENT** between Hall County Board of Education, Gainesville Georgia, and employee listed above.

**Employee’s Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Accepted by:** Click or tap here to enter text. **Date:** Click or tap to enter a date.