



RANDOLPH COMMUNITY COLLEGE
WORKERS' COMPENSATION
USE OF LEAVE/
SECONDARY EMPLOYMENT GUIDELINES

Use of Leave

This is to certify that the use of leave options available in conjunction with lost time from work as a result of an on-the-job injury have been fully explained to me. I understand these options are available to me only if the claim is ruled compensable according to the guidelines of the North Carolina Industrial Commission. I understand that once I elect an option, that election shall be irrevocable as to each individual incident. After careful consideration, I elect the option(s) marked below indicated by an X.

1. [] Yes [] No

I elect to take leave during the required seven-day waiting period and then go on worker's compensation leave and begin drawing workers' compensation weekly benefits. Please indicate the type of leave you desire to use during this period. If you will need to use more than one source of leave, please indicate which source to use first and then second.

[] Sick [] Vacation [] Personal [] Bonus

Note: If the injury results in disability of more than 21 days, the workers' compensation weekly benefit shall be allowed from the date of the disability.

2. [] Yes [] No

I elect to supplement the worker's compensation weekly benefit with the use of partial earned sick or vacation leave I have earned prior to the injury in accordance with a schedule published by OSHR each year. I understand that I will continue to accrue vacation and sick leave during my absence, but that any leave accrued during that time may not be used until I return to work.

Please indicate the type of leave you desire to use during this period. If you will need to use more than one source of leave, please indicate which source to use first and then second.

[] Sick [] Vacation [] Personal [] Bonus

(Leave forms must be completed immediately for the period of absence indicated by the doctor using the leave source(s) indicated.)

Secondary Employment Guidelines

During workers' compensation leave status, all previously approved secondary employment will be suspended until the employee returns to full duty. Permission to resume secondary employment must be obtained from the President of RCC and Director of Safety and Emergency Preparedness or Director of Human Resources.

[] Yes [] No I currently have secondary employment.

If yes, please list all sources.

I, _____, authorize my use of leave as indicated and understand my responsibility regarding secondary employment, if applicable.

Employee

Date

The above named employee was injured on _____ and was placed on worker's compensation leave on _____.

WC Administrator

Date

c: Payroll
Human Resources