

**Non-Uniformed Employee Release/Authorization Form
for Use of Illness Leave**

**It's your choice whether or not to use
your illness leave when off work due to
an on-the-job injury.**

When off work due to an on-the-job injury, non-uniformed employees have the option of using or not using their illness leave; however, once an employee makes a choice, that employee may not subsequently choose another option.

Should you choose to use illness leave when off work due to an on-the-job injury, reductions to your illness leave bank will be offset by a partial supplementation using workers' compensation benefits. Workers' compensation benefits for time loss typically equal a percentage of an employee's gross income. This percentage can be anywhere from 60 to 75% of one's gross income depending on their marital status and number of dependents. Supplementing illness leave banks with workers' compensation benefits guarantees that you will continue to be paid at your full wage during your time of recovery. It also allows you to continue using any direct deposit features you may have set up for your regular payroll check.

If you do not have any accrued illness leave, or if you choose not to use your accrued illness leave, you will not receive full pay for days missed due to your industrial injury. Instead, you will receive a workers' compensation check that equals a percentage of your gross income in accordance with Washington State Industrial Insurance Law.

Please indicate whether or not you choose to use illness leave for days missed due to your on-the-job injury by checking the appropriate box and authorize by signing below.

- I choose to use my accrued illness leave hours for those days missed due to my on-the-job injury. I understand that, once I have chosen this option, I cannot change my mind and choose another option.
- I choose not to use my illness leave bank for any days missed due to my on-the-job injury. I understand that, by choosing this option, I will not receive a payroll check at my regular rate of pay for those days missed and instead will receive a time loss check in the mail which equals a percentage of my gross income in accordance with Washington State Industrial Insurance Law.

Name (print)

Signature

Date

By signing this form, I am authorizing the City of Spokane to implement the choice I have indicated.

Notice: Failure to return this completed form in a timely manner could delay payment for days missed.

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