



**PERSONNEL DEPARTMENT**  
 1053 Highway 45 South  
 Columbus, MS 39701  
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*"Challenge all students to attain their greatest potential"*

**AVAILABLE PAID LEAVE OPTIONS  
 WHILE OUT ON WORKERS' COMP**

As Per Policy (*GBRI*); The employee has the option to continue receiving his/her regular rate of pay as well as Workers' Compensation benefits until he/she returns to work, the physician has declared the employee able to return to work, or until accumulated leave is exhausted- whichever comes first.

EMPLOYEE INFORMATION	
Employee Name:	Phone:
Social Security Number (Only Last Four Digits):	Title:
Supervisor:	Location:
LEAVE OF ABSENCE — Beginning Date:	Ending Date:

OPTIONS
Below is a list of options that are available to you. Please make your election and return this form no later than: _____
I choose to request a medical leave of absence while out on workers' compensation, and:
<input type="checkbox"/> I <b>DO</b> want to use my available paid leave while I am receiving workers' compensation benefits. Check type of leave you would like to use:
_____ Sick _____ Personal
<input type="checkbox"/> I <b>DO NOT</b> want to use any of my available paid leave while I am receiving workers' compensation benefits.

INSURANCE BENEFITS
I understand that upon my return to employment, or upon separation, I will be responsible for repayment of the employee's portion of the insurance premiums paid on my behalf. Initial here: _____
SIGNATURE (Required) _____
If you wish to discuss your options or need additional information, you may contact: Personnel Director: <u>Veronica Hill 662-244-5010</u> Employee's Signature: _____ Date: _____

(For Personnel Office Use)
Available Paid Leave as of: _____
Sick: _____ Personal: _____
Director of Personnel Signature: _____ Date: _____