



Norfolk Public Schools
NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

**LEAVE AUTHORIZATION
FOR WORKERS' COMPENSATION FORM**

TO: Sedgwick CMS
Payroll Department
Human Resources

COPY: School/Department
Injured Employee

SUBJECT: LEAVE AUTHORIZATION FOR WORKERS' COMPENSATION

In consideration of current regulations governing the extension of workers' compensation benefits, I **authorize the payroll department to charge my accumulated sick leave at the published rate which coincides with the rate of my pay, per lost workday, so that I might receive my full salary during any periods of my incapacity.** I recognize that such charges will only be allowed to the extent that my sick leave or annual leave will provide such a supplement and that when my supplemental pay is depleted, I will be subject to statutory workers' compensation benefits during the balance of my incapacity.

Print Name

School/Department

Signature

Date

I do not want my workers' compensation benefits supplemented.
(All leave will be adjusted based on actual days worked.)

Print Name

School/Department

Signature

Date

NOTE: Completing and returning this form to Sedgwick CMS, the Payroll Department and Human Resources is mandatory for any employee receiving workers' compensation payments.