

THE CITY OF NEW YORK

**Election of Rate Of Charge Against Annual and /or Sick Leave Balances
for Absence Due to Injury Sustained in the Performance of Official Duties**

(Pursuant to Regulation 7.0 of the Leave Regulations for employees who are under the Career and Salary Plan)

INSTRUCTIONS: The injured employee, or an authorized person acting in his behalf should submit this election notice (in duplicate) to the head of his department or agency within the first seven calendar days of absence due to injury sustained in the performance of official duties

I, _____, employed in _____,
 (Print name of injured employee) (Print name of city department or agency)

in a position which is subject to the Leave Regulations for employees who are under the Career and Salary Plan, or my authorized agent, do hereby elect the option designated below, subject to the conditions attached thereto, as the one to be applied in determining the charge, if any, to be made against my annual and/or sick leave balances for absence due to injury in the performance of my official duties:

(Check one option only)

- OPTION 1:** I elect to receive the difference between the amount of my weekly salary and the compensation rate, subject to the following conditions:
- (a) A pro-rated charge shall be made against my sick leave and/or annual leave balances equal to the number of working days of absence less the number of working days represented by the Worker's Compensation payments, and;
 - (b) My accrued sick leave and/or annual leave balances, or such leave credits advanced to me in accordance with the Career and Salary Plan Leave Regulations, are adequate to meet the charges made against them for supplementary pay, and;
 - (c) The injury sustained by me was not the result of my willful gross disobedience of safety rules or my willful failure to use a safety device, nor was I under the influence of alcohol or narcotics at the time of injury, nor did I willfully intend to bring about injury or death upon myself or another, and;
 - (d) Such medical examinations will be undergone by me as are requested by the Worker's Compensation Division of the Law Department and my agency, and when found fit for duty by said physicians, I shall return to my employment.
- OPTION 2:** I elect to receive Worker's Compensation benefits in their entirety with no charge against sick and/or annual leave.

Injured employee's signature	Date
This shaded section Should only be completed only If the injured employee Cannot sign and must Designate an authorized Person to sign in his Behalf	Authorized designee's name (print) Relationship to injured employee
	Authorized designee's address
	Authorized designee's signature Date
	Witness's name (print)
	Witness's address
	Witness's Signature Date

Employing Department should forward duplicate copy to Worker's Compensation Division of Law Department.