**Disability Management Office (DMO)**

**Workers’ Compensation - Use of Leave Credits**

**Complete and return this form if off work for more than 7 calendar days.**

While on Workers’ Compensation and receiving wage loss benefits, you are entitled to receive two-thirds of your average weekly wage. The remaining one-third of your wage may be paid if you elect to use your available leave credits.

Please indicate below your choice for the use of leave credits while off work.

|  |  |  |  |
| --- | --- | --- | --- |
| **Leave credit type** | **Use all** | **Freeze all** | **Enter # of**  **hours to freeze** |
| \*Sick Leave – after claim is approved |  |  |  |
| Annual Leave |  |  |  |
| Banked Leave (BLT) |  |  |  |
| Deferred Hours |  |  |  |
| Comp Time |  |  |  |
| Other: |  |  |  |
| **\* Sick leave must be used to cover your time off work until Sedgwick (the states’ third party administrator of Workers’ Compensation) approves your claim.**  **I understand by freezing all leave credits I will only receive the State of Michigan/Sedgwick payment of up to two-thirds of my wage. Additionally, I will not receive hours toward step increases, leave accruals and pro-rated holiday pay.** | | | |

Failure to return this form will result in exhausting all available leave credits in the following order: Sick Leave, Annual Leave, BLT leave, Deferred Hours, Comp Time. If electing to freeze a portion of Annual Leave, BLT hours, Deferred Hours or Comp Time, please indicate what portion you want frozen.

For the duration of your WC claim your health insurance benefits will be continued and you are responsible for your percentage of insurance premiums. If you do not have enough SOM wages to be deducted for your percentage of insurance premiums, upon returning to work, all past due premiums will be deducted from your first SOM check.

**Employee Name:**som\_contactname **Employee ID #:** som\_eid

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Submit documentation to: DMO

P.O. Box 30002

Lansing, Michigan 48909

Fax 517-241-9926

\*Email: [MCSC-DMO@michigan.gov](mailto:MCSC-DMO@michigan.gov)

*\*By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.*