



Employee's Guide
To
Workers' Compensation

BISD HR/Payroll Department
1426B S. Houston St.
Bullard, Tx 75757

Phone: 903-894-6639
Fax: 903-894-9291

Worker's Compensation Instructions

What to do when you are injured on the job:

1. Report any injury to your supervisor
2. Fill out a 1st Report of Injury with the School Nurse or supervisor on duty.
3. Choose a health care provider.
 - You may choose any doctor, but the doctor must accept workers' compensation. *It is your responsibility to make sure your healthcare provider accepts worker's compensation.*
 - There is a list of approved workers' comp facilities included in this packet.

The following information will help you recover from your injury, resume your normal work activities, and return to work as soon as possible.

BE SURE TO:

- ✓ Go to all your medical appointments.
- ✓ Follow your doctor's directions carefully.
- ✓ Talk to your doctor to see if you can continue to work, even if you have some restrictions.
- ✓ Share a copy of your job description to help your doctor understand your specific work demands.
- ✓ Talk to your doctor to make sure you completely understand what you can and cannot do while you are recovering.
- ✓ Comply with the medical restrictions set by your doctor at home and at work.

YOU & YOUR EMPLOYER:

- ✓ Make sure you have received and reviewed your 'Injured Worker Rights and Responsibilities'.
- ✓ Follow all employer policies and requirements associated with your workers' compensation injury.
- ✓ Be sure to keep your employer and claims adjuster informed and up-to-date on your recovery and current abilities.
- ✓ Talk to your employer about work that you could continue to do during your recovery.
- ✓ Notify your employer and claims adjuster immediately if your work status changes.

GETTING BACK TO WORK:

- ✓ Communicate with your employer so that you can return to productive work as soon as medically possible.
- ✓ Contact your adjuster when your work status changes to ensure that appropriate benefit payments are made.
- ✓ Help your employer determine what additional work you could take on as your condition improves.
- ✓ If work within your restrictions is not immediately available, keep checking back with your employer. As you continue to recover, the situation may change.
- ✓ Be sure to let your employer know about any concerns or problems you might have related to your health and job assignments.

By continuing to work during your recovery, healing will likely progress more quickly and effectively than if you perform no work at all for an extended period of time. You will also have a much more productive mindset that can in fact help speed your recovery.

Approved Workers' Comp Facilities

Concentra (occupational health services-call for appointment)

5040 Kinsey Drive Suite 500 Tyler, TX 75703

Phone: (903) 561-2690 Fax: (903) 561-2681

Nova Medical Center (occupational health services-call for appointment)

747 S Beckham Ave Tyler, TX 75701

Phone: 903-705-4232 Fax: 903-705-4233

Christus Trinity Mother Frances Health at Work-Jacksonville (call for appointment)

2026 South Jackson Jacksonville, TX 75766

Phone: (903) 541-4636 Fax: (903) 541-4689

Christus Trinity Mother Frances Directcare- South Tyler (walk-in & urgent care)

5414 South Broadway Tyler, TX 75703

Phone: (903) 581-1601 Fax: (903) 581-1638

Christus Trinity Mother Frances Emergency Room- Jacksonville (emergency)

2026 South Jackson Jacksonville, TX 75766

Phone: (903) 541-4500 Fax: (903) 589-0645

Christus Trinity Mother Frances Emergency Room- Tyler (emergency)

800 East Dawson Tyler, TX 75702

Phone: (903) 593-8441

Direct Rehab-Fredrick Kersh, DO (call for appointment)

3110 Park Center Dr Tyler, TX 75701

Phone: (903) 593-9999 or (903) 531-7656 Fax: (903) 526-2679

UT Health Emergency Care Center-South Broadway (walk-in & urgent care)

6210 South Broadway Tyler, TX 75703

Phone: (903) 579-2800 Fax: (903) 579-2899

UT Health Emergency Room-Jacksonville (emergency)

501 South Ragsdale Jacksonville, TX 75766

Phone: (903) 541-5000 Fax: (903) 541-5066

UT Health Emergency Care Center-Tyler (emergency)

1000 South Beckham Tyler, TX 75701

Phone: (903) 597-0351 Fax: (903) 535-6360

Please note: You may choose any doctor willing to treat your workers' comp injury, but not all doctors will accept workers' comp insurance. The list above is only a guide to help you choose an approved facility. Please know that you may be responsible for payment of medical bills if you seek treatment from a doctor or facility that does not accept workers' comp claims.

PHARMACY: FIRST FILL CARD FORM

Claims Administrative Services, Inc. has partnered with myMatrixx, a leading pharmacy benefit manager, to make filling your workers' compensation prescription(s) easy and at no cost to you.

EMPLOYEE

1. If you need a prescription filled for a work-related injury or illness, go to a participating pharmacy.
2. Give this form to the pharmacist.
3. The pharmacist will fill your prescription at no cost to you.

This is for a one-time prescription fill. If your workers' compensation claim is accepted, a permanent card will be mailed to you in the next 3-5 business days. Questions? Please call myMatrixx: 877-804-4900 or visit the website at: www.mymatrixx.com.

PHARMACIST

1. Please obtain information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections, please call myMatrixx: 877-804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance. *NOTE: Certain medications are pre-approved for this patient. Pre-approved medications will process without an authorization. All others will require prior approval.*

EMPLOYER

1. Please fill out the information in the First Fill Prescription Card and provide the employee with this form to take to any pharmacy.

Most pharmacies and all major chains are included in our network. Contact us if you need assistance locating a participating pharmacy near you, call:



myMatrixx:
877-804-4900

FIRST FILL PRESCRIPTION CARD

Employee Name	
Employer	Bullard ISD
Rx BIN	014211
Processor	myMatrixx
Group #	10602583
Member ID (SSN)	
<i>Supply is limited to 7 days for a new injury.</i>	

EXAMPLES OF PARTICIPATING PHARMACY CHAINS (NOT A COMPLETE LIST)

Albertson's	Fred Meyer	Hy-Vee	Lifechek Drug	Price Chopper	Schnuck's	Tops Pharmacy
BJ's Pharmacy	Fred's	Ingles	Long's Drug	Price Cutter	Shopko	USA Drug
Costco	Fry's Pharmacy	Kaiser Permanente	Medicap	Publix	ShopRite	U-Save
Cub Pharmacy	Genovese	Kerr Drug	Medicine Shoppe	Raley's	Smith's	Vons
CVS Health	Giant Eagle	King Soopers	Meijer	Randall's	Snyder's Drugs	Walgreens
Dominick's	Hannaford Foods	Kinney Drugs	Navarro Discount	Reasor's	Stop & Shop	Walmart
Drug Emporium	Happy Harry's	Kmart	Neighbor Care	Rite Aid	Super D	Wegmans
Duane Reade	Harris Teeter	Kroger	Osco	Safeway	Super Rx	Weis Pharmacy
Eagle Pharmacy	H.E.B.	Leader Drug	Pathmark	Sam's Club	Target	Winn Dixie
Eaton Apothecary	Homeland	Lewis Pharmacy	Piggly Wiggly	Sav-On	Tom Thumb	Yokes



What is this card?

This card is for your workers' compensation prescription needs. Please take this card to the pharmacy when you are filing medications for your work-related injury.

Why did I receive this card?

You received this card due to an injury that occurred on the job.

What if I am not currently taking any medications due to the injury?

Please put the card in a safe place in case you start taking medications for your current injury.

When should I use this card?

Any time you need to fill a medication for your work-related injury.

Are all medications pre-approved?

Your insurance company may have pre-selected medications that will go through without authorization. If you drop off a prescription at the pharmacy and it rejects for any reason, the pharmacy should call us and we will call your insurance company for approval. If you would like to know the types of medications that are pre-approved before going to the pharmacy, please call **877-804-4900**, and a customer service representative will be happy to assist you.

Can my family members use this card?

No, this is only for your work-related injury.

What should I do if there is a problem with the card when I take it to the pharmacy?

Your pharmacy should call us with any problems they are having with the card. If for ANY reason they do not call us, or if you have any questions regarding your work-related medications, please call our customer service team at **877-804-4900**.

Are you my workers' compensation insurance company?

No, we are contracted by your workers' compensation insurance company to handle all of your work-related prescription needs.

What happens if my medication doesn't provide relief from my symptoms or pain?

You should contact your doctor or pharmacist to verify that the medication prescribed for your pain is the most appropriate for your condition.

Should I tell my doctor about other medications I am taking not related to my work injury?

Yes. It is very important that your physician and pharmacist know ALL the medications you are currently taking. Some medications may counter the effect of other medications you are taking and some may even be harmful or life-threatening when taken together.

Can I talk to one of your pharmacists if I have a question?

Yes, our pharmacists care available to answer all of your medication-related questions.

For any questions, call myMatrixx at: 877-804-4900



**NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES
IN THE TEXAS WORKERS' COMPENSATION SYSTEM**

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel. This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the state agency that administers the system through the Division of Workers' Compensation.

- ✓ You can contact the Office of Injured Employee Counsel by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Also, more information is available on the Internet at: www.oiec.state.tx.us
- ✓ You can contact the Division of Workers' Compensation by calling the toll-free telephone number 1-800-252-7031. More information about the Division of Workers' Compensation is available on the Internet at: <http://www.tdi.state.tx.us/wc/indexwc.html>

YOUR RIGHTS IN THE TEXAS WORKERS' COMPENSATION SYSTEM

1. You may have the right to receive benefits. You may receive benefits regardless of who was at fault for your injury with certain exceptions, such as:
 - ✓ You were intoxicated at the time of the injury.
 - ✓ You injured yourself on purpose or while trying to injure someone else.
 - ✓ You were injured by another person for personal reasons.
 - ✓ You were injured by an act of God.
 - ✓ Your injury occurred during horseplay.
 - ✓ Your injury occurred while voluntarily participating in an off-duty recreational, social, or athletic activity.
2. You have the right to receive medical care to treat your workplace injury or illness. There is no time limit to receive this medical care as long as it is medically necessary and related to the workplace injury.
3. Choosing a treating doctor:
 - ✓ If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list.
 - ✓ If you are not in a network, you may choose any doctor who is willing to treat your workers' compensation injury.
 - ✓ If you are employed by a political subdivision (e.g. city, county, school district), you must follow its rules for choosing a treating doctor.
 - ✓ It is important to follow all the rules in the workers' compensation system. If you don't follow these rules, you may be held responsible for payment of medical bills.
4. You have the right to hire an attorney at any time to help you with your claim.
5. You have the right to receive information and assistance from the Office of Injured Employee Counsel at no cost.
 - ✓ Staff is available to answer your questions and explain your rights and responsibilities by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432) or visiting any Division of Workers' Compensation/Office of Injured Employee Counsel local field office.

6. **You have the right to receive ombudsman assistance if you do not have an attorney and a dispute resolution proceeding about your claim has been scheduled.** An ombudsman is an employee of the Office of Injured Employee Counsel. Ombudsmen are trained in the field of workers' compensation and provide free assistance to injured employees who are not represented by attorneys. At least one Ombudsman is located in each local field office to assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot sign documents for you, make decisions for you, or give legal advice.
7. **You have the right for your claim information to be kept confidential.** In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from the Division of Workers' Compensation.

YOUR RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM

1. **You have the responsibility to tell your employer if you have been injured at work or in the scope of your employment.** You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.
2. **You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).** If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. Your employer must give you a copy of the TDI network rules. Read the rules carefully. If there is something you do not understand, ask your employer or call the Office of Injured Employee Counsel. If you would like to file a complaint about a network, call TDI's Customer Help Line at **1-800-252-3439** or file a complaint online at <http://www.tdi.state.tx.us/consumer/complfrm.html#wc>
3. **If you worked for a political subdivision (e.g. city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.** Your employer should be able to provide you with the information you will need in order to determine which health care provider can treat you for your workplace injury.
4. **You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**
5. **You have the responsibility to send a completed claim form (DWC-41) to the Division of Workers' Compensation.** You have one year to send the form after you were injured or first knew that your illness might be work related. Send the completed DWC-41 form even if you already are receiving benefits. You may lose your right to benefits if you do not send the completed claim form to the Division of Workers' Compensation. Call **1-800-252-7031** or **1-866-393-6432** for a copy of the DWC-41 form.
6. **You have the responsibility to provide your current address, telephone number, and employer information to the Division of Workers' Compensation and the insurance carrier.**
7. **You have the responsibility to tell the Division of Workers' Compensation and the insurance carrier any time there is a change in your employment status or wages. Examples include:**
 - ✓ You stop working because of your injury.
 - ✓ You start working.
 - ✓ You are offered a job.

Aviso sobre los derechos y responsabilidades para los empleados lesionados en el Sistema de Compensación para Trabajadores de Texas

En Texas, como empleado lesionado, usted tiene derecho a recibir ayuda gratis por parte de la Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel - OIEC, según su nombre y siglas en inglés) La ayuda se ofrece en las oficinas locales en todo el estado. Las oficinas locales también ofrecen otros servicios del sistema de compensación para trabajadores del Departamento de Seguros de Texas (Texas Department of Insurance – TDI, según su nombre y siglas en inglés). TDI es la agencia estatal que administra el sistema por medio de la División de Compensación para Trabajadores.

Para comunicarse con la Oficina de Asesoría Pública para el Empleado Lesionado llame gratis al 1-866-EZE-OIEC (1-866-393-6432). Para más información, visite el sitio electrónico www.oiec.state.tx.us.

Para comunicarse con la División de Compensación para Trabajadores llame gratis al 1-800-252-7031. Para más información sobre la División de Compensación para Trabajadores, visite el sitio electrónico <http://www.tdi.state.tx.us/wc/indexwc.html>.

Sus derechos en el Sistema de Compensación para Trabajadores de Texas:

1. Usted puede tener derecho a recibir beneficios.

Usted puede tener derecho a recibir beneficios sin importar quien tuvo la culpa de su lesión, con ciertas excepciones, tales como:

- Si se encontraba en estado de ebriedad en el momento que ocurrió la lesión.
- Si se lesionó usted mismo a propósito o cuando estaba tratando de lesionar a otro.
- Si su lesión fue causada por otra persona por razones personales.
- Si resultó lesionado por un acto de Dios.
- Si su lesión ocurrió por estar jugueteando, o
- Si su lesión ocurrió cuando usted voluntariamente participaba en una actividad de recreación, social o atlética fuera de su empleo.

2. Usted tiene derecho a recibir atención médica para tratar la lesión o enfermedad relacionada con su trabajo. No hay un marco de tiempo límite para recibir la atención médica, siempre y cuando sea médicamente necesaria y en conexión a la lesión relacionada con su trabajo.

3. Para escoger a un médico tratante:

- Si usted pertenece a una Red de Servicios Médicos de Compensación para Trabajadores – red - (Workers' Compensation Health Care Network, según su nombre en inglés) tiene que escoger a su médico de la lista de médicos tratantes en la red.
- Si no pertenece a una red, usted puede escoger a cualquier médico que esté dispuesto a tratar su lesión de compensación para trabajadores.
- Si usted es empleado de una subdivisión política (por ejemplo: una ciudad, condado, distrito escolar) tiene que hacer lo indicado por los reglamentos para escoger al médico que lo va a tratar. Es importante que usted siga todos los reglamentos del sistema de compensación para trabajadores. Si no sigue estos reglamentos, usted podría ser responsable por el pago de las cuentas médicas.

4. Usted tiene derecho a contratar a un abogado en cualquier momento para que lo ayude con su reclamo.

5. Usted tiene derecho a recibir información y ayuda gratis de la Oficina de Asesoría Pública para el Empleado Lesionado.

El personal de OIEC está a su disposición para contestar sus preguntas y explicarle sus derechos y responsabilidades. Llame gratis al 1-866-EZE-OIEC (1-866-393-6432) o visite la oficina local de la División de Compensación para Trabajadores/Oficina de Asesoría Pública para el Empleado Lesionado.

6. Usted tiene derecho a recibir ayuda por parte de un ombudsman si no cuenta con un abogado, en caso que se haya programado un procedimiento de resolución de disputas.

Un ombudsman es un empleado de la Oficina de Asesoría Pública para el Empleado Lesionado. Los ombudsmen están entrenados en las funciones de compensación para trabajadores y proveen ayuda gratis a los empleados lesionados que no cuentan con la representación de un abogado. Por lo menos, en cada oficina local se encuentra un ombudsman para ayudarlo con la conferencia para revisión de beneficios (benefit review conference – BRC, según su nombre y siglas en inglés), la audiencia para disputar beneficios (contested case hearing – CCH, según su nombre y siglas en inglés) y la apelación. Sin embargo, un ombudsman no puede firmar documentos en nombre suyo, hacer decisiones por usted o darle asesoramiento legal.

7. Usted tiene derecho a que la información sobre su reclamo se mantenga confidencial.

En la mayoría de los casos, el contenido del expediente de su reclamo no puede ser obtenido por otros. Algunos participantes del caso tienen derecho a saber lo que contiene el expediente de su reclamo, por ejemplo: su empleador o la compañía de seguros de su empleador. También, puede ser que un empleador que está considerando contratarlo pueda obtener información limitada sobre su reclamo de la División de Compensación para Trabajadores.

Sus responsabilidades en el Sistema de Compensación para Trabajadores de Texas

1. Usted tiene la responsabilidad de avisarle a su empleador si se ha lesionado en el curso y amplitud de su empleo.

Usted debe informar a su empleador dentro de 30 días a partir de la fecha en que sucedió su lesión o a partir de la fecha en que supo que la lesión o enfermedad estaba relacionada con su trabajo.

2. Usted tiene la responsabilidad de saber si pertenece a una Red de Servicios Médicos de Compensación para Trabajadores (red).

Si no sabe si usted pertenece a una red, pregúntele al empleador para quien estaba trabajando en el momento que sufrió la lesión. Si pertenece a una red, usted tiene la responsabilidad de seguir los reglamentos de dicha red. Su empleador debe darle una copia de los reglamentos de TDI para las redes. Lea los reglamentos cuidadosamente. Si hay algo que no entiende pregúntele a su empleador o llame a la Oficina de Asesoría Pública para el Empleado Lesionado. Si desea presentar una queja contra la red, llame a la Línea de Ayuda al Consumidor de TDI, al 1-800-252-3439 o presente su queja electrónicamente en <http://www.tdi.state.tx.us/consumer/complfrm.html#wc>

3. Si usted estaba trabajando para una subdivisión política (por ejemplo: una ciudad, condado, distrito escolar) en el momento que sufrió la lesión, usted tiene la responsabilidad de informarse sobre como recibir tratamiento médico. Es requerido que su empleador le proporcione la información que necesita para que determine cual proveedor de servicios médicos puede darle el tratamiento para la lesión relacionada con su trabajo.

4. **Usted tiene la responsabilidad de decirle a su médico como sufrió la lesión y si la lesión está relacionada con su trabajo.**
5. **Usted tiene la responsabilidad de llenar y enviar el formulario de reclamo (DWC-41) a la División de Compensación para Trabajadores. Usted cuenta con un año para enviar este formulario a partir de la fecha en que usted se lesionó o a partir de la fecha en supo que su enfermedad estaba relacionada con su trabajo.**

Llene y envíe el formulario DWC-41 aún si usted ya está recibiendo beneficios. Usted podría perder su derecho para recibir beneficios si no envía el formulario a la División de Compensación para Trabajadores. Para pedir una copia del formulario DWC-41 llame al 1-800-252-7031 o al 1-866-393-6432.

6. **Usted tiene la responsabilidad de proporcionar a la División de Compensación para Trabajadores y a la compañía de seguros su domicilio actual, número telefónico y los datos de su empleador.**
7. **Usted tiene la responsabilidad de avisarle a la División de Compensación para Trabajadores y a la compañía de seguros cada vez que tenga un cambio en el estado de su empleo o salario. Algunos ejemplos:**
 - si deja de trabajar debido a su lesión,
 - comienza a trabajar, o
 - le ofrecen un trabajo.

WORKERS' COMPENSATION CLAIMS INFORMATION

TPA NAME	Claims Administrative Services (CAS)
MAILING ADDRESS	501 Shelley Drive, Tyler TX 75701
EMAIL ADDRESS	<u>ClaimsMail@cas-services.com</u>
TOLL FREE NUMBER	1-800-765-2412
FAX NUMBER	903-509-1888
WEBSITE	<u>www.cas-services.com</u>

Seven Day Waiting Period

If the injured employee is unable to return to work, indemnity benefits will begin effective the 8th day of disability. The first seven (7) days of lost time are considered a waiting period. The first seven (7) days of lost time are not paid unless the injured employee loses at least 14 days. (Example: Day 1-7 =no check. Day 8-14= 1 check. Day 15—21= 1 check. Day 22-28 = 2 checks are issued, 1 check for days 22-28 and 1 check for days 1-7).

****Division of Workers' Compensation counts Saturdays and Sundays in as a week****

If the injured employee is able to return to work without losing 7 or more days from work (including Saturday and Sunday, even if the employee would not normally work on these days), then this claim will remain a Medical Only claim type and only medical benefits are paid.

At some point during their treatment, all injured employees should be given an impairment rating, even if it is a 0% or No Impairment. Numerical impairment ratings are given as a percentage. Impairment Income Benefits are paid based on the Impairment percentage. The injured employee is entitled to three (3) weeks of benefits for each percentage point. (Example: An Impairment rating of 10% = 30 weeks of benefits.)

Worker Compensation Waiting Period

ATTACHED IS AN ELECTION FORM FOR UTILIZATION OF SICK LEAVE. COMPLETE THE FORM AND RETURN TO THE ADDRESS BELOW.

Workers' Compensation has a 7 day waiting period for income benefits when an employee is off work due to a workers' compensation claim.

The employee will use sick days for the 1st seven days if their Doctor takes the employee off work. If the employee is absent for 14 days, workers compensation will come back and pay the 1st seven days.

Workers Compensation will pay 70% (75% if employee makes less than \$8.50 a hour) for the first 26 weeks.

Election 1-Employee can choose to designate the number of available paid leave days to use at this time.

Election 2-Employee may use all available paid leave days.

Election 3-Employee may choose to NOT use any available paid leave at this time.

When an employee is on restricted duty, it is the employees responsibility to check with their supervisor for available restricted duties.

Please return the attached form within 7 days. If the form has not been returned in 7 days, Bullard ISD will use accumulated sick leave to bring the employee's salary to 100%.

Please return attached form to: Stephanie.Yates@bullardisd.net or

Bullard ISD
Stephanie Yates
PO Box 250
Bullard, Tx 75757

FAX: 903-894-9291

Bullard Independent School District

Employee Election to Use Paid Leave with Workers' Compensation Benefits

Name: _____
Employee ID# _____
Position: _____
Department/Campus: _____
Date of Injury: _____

This employee is absent from duty because of a work-related illness or injury beginning on _____. If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

District Authorized Signature

Date

Employee choice:

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I choose the following option:

_____ I choose to use only _____ days of available paid leave at this time.

_____ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wages. I further understand that my leave will continue to be used unless and until I communicate to the district a change in my decision.

_____ I choose **NOT** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from Bullard ISD while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will only receive workers' compensation wage benefits for any absences resulting from my work-related illness or injury, after exceeding seven days of lost time, unless and until I communicate to the district a change in my decision.

Employee signature

Date