



# Douglas County, Nebraska

## WORKERS COMPENSATION LEAVE USAGE FORM

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Last 4 Digits of Social Security #: \_\_\_\_\_

### LEAVE USAGE INFORMATION

In conjunction with my workers compensation leave, I request to use the following paid leave in the order specified for the 7-day qualifying period: *(Note: Specify 1 to 4, with one being the first priority of use)*

Sick (Order of Use): \_\_\_\_\_

Vacation (Order of Use): \_\_\_\_\_

Comp Time (Order of Use): \_\_\_\_\_

Unpaid Leave (Order of Use): \_\_\_\_\_

If I receive workers compensation payments, I request the use of the following paid leave to supplement 1/3 of my earnings: the remainder of my regular pay, less workers' compensation. *(Note: Specify 1 to 4, with one being the first priority of use)*

Sick (Order of Use): \_\_\_\_\_

Vacation (Order of Use): \_\_\_\_\_

Comp Time (Order of Use): \_\_\_\_\_

Unpaid Leave (Order of Use): \_\_\_\_\_

### EMPLOYEE AUTHORIZATION

- I understand that after all requested paid leave is exhausted; any remaining leave will be without pay.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to Workers Compensation Department, LC2, Civic Center**