

# 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 sustained 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 or working days absence less the number or working days represented by the Workers' 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 salary rules or my willful failure to use a safety device, nor was I under the influence of alcohol or narcotics at 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 Workers' 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 Workers' Compensation benefits in their entirety with no charge against sick and/or annual leave.

|   |                                    |      |
|---|------------------------------------|------|
| Injured employee's signature  | date                               |      |
| This shaded section should be completed only in the injured employee cannot sign and must designate an authorized person to sign in his behalf. | Authorized designee's name (print) |      |
|   | 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 Workers' Compensation Division of Law Department.*