

**REQUEST FOR USE OF ACCRUED LEAVE WITH
WORKERS' COMPENSATION (EMPLOYEE'S CHOICE)**

CO-715 REV. 7/92 (Stock No. 6938-143-01)

State of Connecticut
OFFICE OF THE STATE COMPTROLLER

INSTRUCTIONS TO AGENCY

Prepare in duplicate. Forward original to Office of the State Comptroller Retirement Payroll Audit Section, 55 Elm Street, Hartford, CT 06106 along with Form COP-6 if the payroll system requires the use of form COP-6, otherwise, send only this form. Retain copy for file.

AGENCY: Complete the following section as soon as Workers' Compensation Claim is filed.

AGENCY: (Name and Address)						AG PAYROLL NO.	AG SECTION NO.
EMPLOYEE NAME: (Last, First, Middle Initial)					EMPLOYEE NO.	SOCIAL SECURITY NO.	
DATE OF INJURY	DAILY RATE OF PAY \$	LEAVE BALANCES	SICK LEAVE	VACATION LEAVE	PERSONAL LEAVE	OTHER LEAVE	(Explain)

EMPLOYEE: Check –below–your choice of the possibilities available to you

USE OF LEAVE FOR INTERIM PERIOD	<input type="checkbox"/> I elect NOT to use accrued leave during the interim period (the period beginning after the _____ day of my incapacity and continuing until such time as a determination of compensation is made).						
	<input type="checkbox"/> I elect to use accrued leave during this interim period. I will receive my full salary while a determination of compensation is being made. I understand that, once a compensation award has been made, I must repay the State an amount equal to the net pay I would have received during such interim period in order for my leave balances to be adjusted. I wish to use my leave balances in the order indicated below.						
	(Indicate the order in which you wish to use your leave balances by entering the number 1, 2, 3, or 4 under each category of leave.)	SICK LEAVE	VACATION LEAVE	PERSONAL LEAVE	OTHER LEAVE		
USE OF LEAVE WHILE RECEIVING WORKERS' COMPENSATION	<input type="checkbox"/> I elect NOT to use any of my accrued leave while I am receiving Worker' Compensation.						
	<input type="checkbox"/> I elect to receive – in addition to the benefits awarded to me under Workers' Compensation – an amount which will result in my receiving the equivalent of my full salary or wages for the period made possible by any leave due me. I wish to use my leave balances in the order indicated below:						
	(Indicate the order in which you wish to use your leave balances by entering the number 1, 2, 3, or 4 under each category of leave.)	SICK LEAVE	VACATION LEAVE	PERSONAL LEAVE	OTHER LEAVE		
STATEMENT OF APPLICANT	I have read and understood the above explanation of the choices available to me as a result of my application for Workers' Compensation. I agree to the conditions applicable to the choices I have checked above.			SIGNATURE OF EMPLOYEE X _____		DATE SIGNED	