



HAMILTON COUNTY (33100001) SALARY CONTINUATION

Employee Election of Compensation

Department: _____

Employee: last name, first name

Date of injury

This form contains important information about payment of your wages while you are unable to work because of an injury sustained as a result of your employment with Hamilton County. You have a choice to receive compensation for lost workdays from either Hamilton County or the Ohio Bureau of Workers' Compensation (Bureau):

Salary Continuation from Hamilton County:

- You may choose to use accumulated sick leave beginning the first (1st) calendar day following an occupational injury or illness.
You will not receive reimbursement from the Bureau for sick leave used.
Sick leave will not be re-instated, once used.
If your sick leave balance runs out, or is zero (0), you may choose to use any accumulated vacation, compensatory time, and/or personal days to cover wages.
You may not receive donated leave due to an occupational injury or illness.

Temporary Total Disability Compensation from the Bureau:

- Your injury must first become an allowed workers' compensation claim.
The Bureau issues compensation beginning on the eighth (8th) missed calendar day following an occupational injury or illness.
If you are in unpaid status for fourteen (14) or more consecutive days, following an occupational injury or illness, the BWC will then reimburse you for the first seven (7) days of work lost.
Reimbursement will be based upon wages earned for the yearlong period prior to the date of injury or illness.
The first twelve (12) weeks are based upon 72% of your "full weekly wage." Any subsequent weeks are based upon 66 2/3% of your "average weekly wage."
Since you are in unpaid status, no contributions will be made to your PERS account from the County. Please note, however, that you can receive PERS service credit for a period of up to three (3) years during which you were in unpaid status because of an occupational injury or illness.
You will need to pay your regular bi-weekly health care contributions for the first six (6) months in order to maintain benefits coverage. After six (6) months, you will need to pay for your coverage in accordance with COBRA regulations.

Should you have any questions, please contact your department payroll/personnel officer or the Hamilton County Workers' Compensation Specialist, Risk Management Division, Administration, 513-946-4703.

Hamilton County Hourly Rate:

Hamilton County representative: Debby Beck

Please choose which plan you wish to participate in by placing a check mark next to the appropriate box below. Employees will be asked to update this form approximately every 45 days according to Bureau policy, based on medical eligibility. All changes are effective upon receipt by the Hamilton County Workers' Compensation Specialist.

- I choose to receive wages from Hamilton County. I understand that I will not receive reimbursement from the Bureau for sick leave used; that Sick leave will not be re-instated once used; and that I may not receive donated leave due to an occupational injury or illness.
I choose to receive compensation from the Bureau. I understand that I am not eligible for compensation until I have an allowed claim and have missed eight (8) calendar days of work. I understand that my reimbursement is calculated, by the Bureau, based upon wages earned for the yearlong period prior to the date of my occupational injury (or disease), that I may not use sick leave in conjunction with any Bureau compensation, and that I am responsible for paying my regular health care contribution.

Employee signature

Date