



PRINCE GEORGES COUNTY GOVERNMENT OFFICE OF FINANCE

Risk Management Section
1301 McCormick Drive, Suite 1100
Largo, Maryland 20774

PRINT
Print

To: Departmental Payroll Coordinator

Date: \_\_\_\_\_

Thru Supervisor: \_\_\_\_\_

From Employee: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

CorVel Claim Number: \_\_\_\_\_

In accordance with Personnel Procedure 284, Section 9 (Leave Without Pay), if an employee is unable to return to work, he/she must indicate their choice of leave status going forward by checking one of the following options:

[ ] I am in receipt of a Workers Compensation Commission (WCC) award and wish to be placed on sick/annual leave in order to receive full pay in lieu of drawing WCC benefits (please attach a copy of WCC award).

OR

[ ] Request Leave Without Pay (also select ONE option below):

[ ] I have not exhausted all of my sick or annual leave, but have applied for WCC temporary total disability benefits.

[ ] I am in receipt of a WCC award and wish to draw direct WCC benefits until further notice (please attach a copy of WCC award).

[ ] I received a Form 2099 indicating that I have exhausted all of my disability leave but am in receipt of a WCC award. I understand that this Form 180 must be given to my Departmental Payroll Coordinator within 5 days of the issuance.

[ ] Reinstatement of Leave Previously Used:

I wish to be placed in a Leave without Pay status to retroactively draw WCC benefits for a WCC award dated within the last 30 days. This is the first award I received pertaining to the subject period of lost time from work and is within two years of my date of injury. I understand that failure to return this Form 180 to my Departmental Payroll Coordinator within 30 days of the date of my initial award of benefits for any given period forfeits my right to leave reinstatement (please attach copy of WCC award).

EMPLOYEE: Please review the leave choices listed above, make an election, sign and date this form and return the original copy to your Departmental Payroll Coordinator so an appropriate leave status can be approved by your appointing authority.

County Personnel Law Section 16-225 – Leave Without Pay and Personnel Procedure 284, Section 9 as they relate to your options are available on the Office of Human Resources Management page via the intranet.

If you have any questions, please contact your Departmental Risk Manager and/or Human Resources Liaison.

NOTE: Participants of the Maryland State Employees Retirement and Pension System must also complete an "Application to be placed on Qualifying Approved Leave of Absence" (Form MSRS-46).

DEPARTMENTAL PAYROLL COORDINATOR: You are responsible for properly coding the employee's timesheet according to the above election, then forward the completed form and attachment to the County Risk Management office at the address above.

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

Employee Number: \_\_\_\_\_

Date: \_\_\_\_\_