



## EMPLOYEES' REQUEST FOR WAGE CONTINUATION (WC form 800)

EMPLOYEE NAME

DEPARTMENT

DATE OF INJURY

### TO QUALIFY FOR WAGE CONTINUATION LEAVE, EMPLOYEE:

1. Must have sustained a compensable, job-related injury.
2. Must report the injury, if physically able to do so, to his/her immediate supervisor within 24 hours or first manifestation of a disease, or at the beginning of the next shift, and provide accurate details of the incident to his/her supervisor.
3. Must not have been engaged in horseplay at the time of the injury.
4. Must not have been attending to personal matters at the time of injury.]
5. Must not have been injured while traveling to and from work or meals or eating meals.
6. Must not have violated any *City/Department written safety* standard rule, or procedure.
7. In the event of an overpayment, the employee must agree to abide by the terms and conditions as outlined in the City's Salary Continuation Program.

### WAGE CONTINUATION CEASES UNDER THESE CONDITIONS:

1. When the employee returns to work.
2. The maximum amount of Wage Continuation hours per calendar year have been exhausted.
3. The employee is no longer receiving Temporary Income Benefits (TIBS).
4. The employee retires, resigns, is laid off, is dismissed from employment, or dies.
5. The employee falsifies or misrepresents his/her physical conditions or capacity of disability.
6. The employee refuses to return to regular duty after being released by treating physician.
7. The employee is found working at any job not held prior to the injury; or performing any physical activity that is restricted or not consistent with prescribed treatment or therapy.
8. The employee refuses to perform limited duty, partial or part time duty when available and authorized by the treating physician.
9. The employee refuses to accept or perform a different job that is within his/her physical capacity and for which he/she is qualified or will be trained.

I understand that if I am approved, Wage Continuation will pay a portion of lost time due to the injury, until the maximum Wage Continuation Benefit has been exhausted. I understand the total amount of money that I receive from Workers' Compensation and Wage Continuation shall not exceed my budgeted gross pay.

In the event of any overpayment in Wage Continuation the City shall deduct the overpayment from personal accrual or future paycheck as specified in the City's Salary Continuation Program. If I separate from employment while an overpayment exists, the City shall deduct the total overpayment due from my final paycheck.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Department Only; Copies To: Employee, Supervisor