Salary/Wage Continuation Program Election Form

Employee Completes:

Name: _____ Home Address: _____
Home Phone: _____ Work/Other Phone: _____
Depart./Divison: _____ Job Classification: _____
Date of Injury: _____ Union affiliation: _____
SSN: _____ BWC Claim #: _____
Supervisor's Name: _____ Supervisor's Phone: _____

I have received a copy of the Cleveland Metropolitan School District Incident/Injury Transitional Return to Work Program (TWP) and have carefully read and fully understand all the provisions of the Program. My signature on this form below confirms my understanding that if I fail to follow any of the provisions of the Program, the District may exercise its right to dismiss me from the Program immediately. I also understand that in the event that I am dismissed from the Program, I will immediately forfeit any future benefits under the Program.

I understand that I am prohibited from engaging in any type of secondary employment while participating in the Program.

Option A: _____ I wish to participate in the Program.

Benefits:

- Stay on Regular Payroll,
- Continue all Benefits as eligible,
- Return to former position when released to Full Duty,

Requirements:

- To have reported the injury within **24 hours,**
- To have completed this form within **3 days (72 hours) of injury,**
- To go to Preferred Provider Panel (Facility/Physician) for treatment,
- To participate in Temporary duties during recovery

Option B: _____ I do not wish to participate in the program.
(Default Plan for non election by employee)

Benefits:

- Selection of own BWC certified physician,

Requirements:

- Contact BWC for Benefits,
- Go off CMSD Payroll
- Benefits go to COBRA after two (2) months

NOTE: Initially choosing B forfeits your choice to change to option A in the future

_____ _____
Employee Signature Date

For Office Use Only

Last Day Worked (LDW) _____ Return to Work (RTW) _____
Estimated Date: _____ Actual Date: _____ SC STOP DATE: _____

_____ Salary/Wage Continuation Approved _____Salary/Wage Continuation NOT Approved
Reason NOT approved: _____

_____ _____
Approval Signature Date

Payroll _____ _____
Initials Date Input

Updated 07/30/2013