

**CITY OF EDINBURG**  
**Workers' Compensation**  
**Leave Election Form**

I, \_\_\_\_\_, having sustained an on-the-job injury on \_\_\_\_\_,  
(Print Name) (Date of Injury)  
 understand I elect / not elect to use any accrued sick leave, compensatory time, and/or accrued  
(circle one)  
 vacation leave for the first 7 days and thereafter any Workers' Compensation check(s) received  
 from TRISTAR Risk Management Workers' Compensation will be kept. Any payment received for  
 the first seven days through the use of paid leave, the City will recoup the amount through the  
 endorsement of the Workers' Compensation check. All Workers' Compensation check(s) will be  
 turned over to the City's Risk Management Division at the Department of Human Resources,  
 unless otherwise instructed by the Risk Manager. I fully understand the statement and agree to its  
 conditions.

\_\_\_\_\_  
 (Injured's Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Date Signed)

**Employee Identification:** Emp. No. \_\_\_\_\_  
 (Type or print ID clearly)  
 SSN (last 4 digits) \_\_\_\_\_

**Note:** In accordance with Workers' Compensation and Job Injury Program (Non-Public Safety Employees) Section 111. Use of Available Paid Leave: Workers Compensation provides nothing to an employee during the first seven (7) calendar days. An employee misses twenty-eight (28) or more calendar days due to on-the-job injury will receive payment for the first seven days. Should an employee miss twenty-eight (28) or more calendar days due to an on-the-job injury and receive payment for the first seven (7) days through the use of paid leave, the City will recoup the amount of any payment obtained through the use of paid leave through the endorsement of the Workers' Compensation check.

*This form must be signed by the injured employee at the time of the injury or as soon as possible thereafter, and attached to either the First Report of Injury (DWC-1) or the Supervisor's Report of Injury being submitted to the Risk Manager.*