



STD/LTD Departmental Notification

Instructions to Employees

Your Short Term Disability (STD) and Long Term Disability (LTD) payments will be automatically supplemented with sick pay credits (if you have sick pay credits and are eligible to use them) to provide up to your normal salary UNLESS:

- You choose not to supplement, or
- You choose to supplement with either compensatory time off or vacation, or
- You choose not to apply for STD/LTD.

If you choose any of the above options, you must notify your departmental Payroll Office within seven (7) calendar days of your first day of absence, by completing the information below. {The above ruling is outlined in Civil Service Commission Rule 22, Section 22.02(F)}.

To be Completed By Employee

(Check one:)

1. I do not wish to supplement STD/LTD
2. I wish to supplement STD/LTD with (sick, vacation, compensatory, RWW) in the following order:
1. _____ 2. _____ 3. _____
3. I do not wish to apply for STD/LTD benefits. Instead, I wish to receive full salary from any sick pay, vacation, RWW or compensatory balances. I understand that if at any time in the future I file for STD/LTD benefits for the injury or illness that occurred on the date below (first full day of absence), I must notify my departmental Payroll Office the next business day after filing.

Signature: _____ Print Name _____ Date _____

Home Address _____ City _____ State _____ Zip _____

First Full Day of Absence _____ Date STD/LTD Applied for _____ Emp # _____

Classification _____ Department Name _____ Work # _____ Home # _____

REPLACES FORM 11 FROM CLASSIFIED HANDBOOK