

## WORKERS' COMPENSATION INSURANCE REQUEST FOR PAID INJURY LEAVE FOR PEACE OFFICERS (Policy: UTS185)

Employee's Name		Claim Number		Date of Injury
request, Texas W	with Paid Injury Leave if the ind	ividual sustains an in ne Office of Director	njury that is d of Police also	ed by that institution as a peace officer, upon etermined to be compensable under the odetermines that the injury was sustained
If the inj	ury is determined to be compen	sable:		
	The University of Texas System vin accordance with the Texas Wo			medical expenses resulting from the injury
	Paid Injury Leave will be made avidate of disability.	vailable to the peace	e officer for u	p to a maximum of one (1) year from the first
Peace (	Officer Acknowledgement			
	ustained an injury which I believ r from the date of injury, from n	•	•	ve under UTS 185, for up to a maximum of
If appro	ved, I understand that my eligib	ility for this leave te	rminates at tl	ne earliest of:
•	the date that I have completed	a total of one year o	on Injury Leav	e status due to the incident,
•	the date that I reach Maximum	Medical Improveme	ent pursuant t	o the Texas Labor Code, or
•	the date that I am no longer disa	abled pursuant to th	ne Texas Labo	r Code.
	oproved, I understand I will elect s' Compensation plan.	one of the other le	ave options a	vailable to me under the UT System
Employee	e or Employee Representative Signa	ture	Date	

All requests must be submitted by or on behalf of the employee requesting the leave to the Human Resources Office at the employing institution. The Human Resources Office should forward a signed & completed copy of this request form to the institution's WCI Representative.

Date

**Human Resources Representative Signature**