



REQUEST FOR WORKERS COMPENSATION LEAVE

Employee Name: _____

EIN: _____

Employee Email: _____

Department Name: _____

Estimated leave dates: From: _____

To: _____

Workers Compensation will pay 2/3 of my salary. For the remaining 1/3 of my salary, I elect to use my leave banks in accordance with Administrative Procedure 23-37 in the order of sick leave, compensatory time and annual leave: Yes No

Employee Signature: _____

Date: _____

Submission: Once completed, submit this form, **along with the Leave Administration Form**, directly to Human Resources Leave Administration by faxing to 520-791-6514 or emailing to hr.leaveadmin@pima.gov.

Questions, please call HR Leave Administration 520-724-8076 or email HR.Leaveadmin@pima.gov