

CITY OF EL PASO  
WORKERS' COMPENSATION PROGRAM  
**Completion and Distribution of Forms**

**ACCIDENT WITH PAY LEAVE SUMMARY SHEET AND INITIAL REQUEST  
FOR AN AWP/ACC LEAVE STATUS AND SUPPLEMENTAL PAY**

1. Complete top of AWP Leave Summary Sheet, have Employee read, sign and date. Send original to Human Resources Department, retain a copy and give Employee a copy.
  
2. Have Employee complete top of Initial Request for AWP/ACC Leave Status and Supplemental Pay. **Make sure Employee indicated whether he/she elects to use sick leave or annual leave for initial seven (7) days of lost time.**

After department head makes his/her recommendation, personally give the Employee a copy or mail by certified mail (return receipt requested) a copy of the completed leave request to the Employee. If the Employee personally receives a copy have him/her sign and date the form in the space provided: if being mailed certified mail, fill in the certified mail receipt number and date mailed in the space provided.

**Immediately** send original to Human Resources – Payroll with any physician certificates.