

CITY OF EL PASO
NON-UNIFORM ACCIDENT WITH PAY LEAVE SUMMARY SHEET

Employee Name (Last, First, MI)

Department

Date of Injury

To qualify for Accident with Pay Leave, an employee:

1. Must be a regular, full-time employee including one on probation.
2. Must have sustained a compensable, job-related injury or occupational disease/illness.
3. Must have reported the occupational injury, to a supervisor within **48** hours of its occurrence. For an occupational disease/illness, the employee has **48** hours from the date on which the employee knew or should have known that the disease/illness may be job-related.
4. Must not have been injured as a result of breaking any rules, regulations or laws, including any safety rules adopted by the City and/or failed to use department-mandated safety equipment or department-mandated safety procedures.
5. Must not have been injured as a result of the gross negligence of the employee.

AWP leave ceases under any one of these conditions:

1. The employee's treating physician releases the employee back to work or a physician performing an independent medical examination releases the employee back to work
2. The employee has used 240 hours of AWP in a rolling twelve month period.
3. One year from the date of the injury or occupational disease.
4. The employee fails to provide timely physician certificates as per Ordinance 8064.
5. The employee does not submit properly and timely complete AWP leave requests as per Ordinance 8064.
6. The employee refuses to submit to any independent medical examination.
7. The employee fails to act in a manner that is conducive to or consistent with being off work convalescing from a job-related injury.
8. The employee submits a workers' compensation claim that is controverted or disputed under the Texas Worker's Compensation law.

If AWP leave is approved:

I understand that AWP leave does not cover the initial seven days of lost time. I may elect to use my accrued sick or annual leave during the initial seven days of disability. I understand that the AWP supplement is the difference between my weekly Worker's Compensation benefit and my pre-injury take home pay. I understand that the total amount of money that I receive from Worker's Compensation and the AWP supplement shall not exceed my pre-injury take home pay.

I understand that in the event of any overpayment of Worker's Compensation or AWP supplement payments, the City may deduct the overpayment from future wages or reduce any accrued leave balances. If I separate from employment while an overpayment exists, the City may deduct the total overpayment from my final check.

If AWP leave is denied:

I understand that I may appeal within TEN (10) calendar days of receipt of the notification of denial. I must notify the Human Resources Director, or her designee, *in writing* that I wish to appeal the decision to a Hearing Officer of the Civil Service Commission.

Employee's Signature

Date: