



STEVE BESHEAR
GOVERNOR

COMMONWEALTH OF KENTUCKY
PERSONNEL CABINET
State Office Building
501 High Street, 3rd Floor
FRANKFORT, KY 40601
(502) 564-7430
www.kentucky.gov

TIM LONGMEYER
SECRETARY

MEMORANDUM

PERSONNEL MEMO 12-34

TO: Cabinet Secretaries
Independent Agency Heads
Constitutional Officers
HR Administrators

FROM: Tim Longmeyer, Secretary *TML*

RE: Amendments to 101 KAR 2:140, Workers Compensation Fund and Program

DATE: July 9, 2012

The Personnel Cabinet's amendments to administrative regulation 101 KAR 2:140, Workers' Compensation Fund and Program, became effective on July 6, 2012.

These amendments require the use of the Workers' Compensation Request to Use Accumulated Leave, Form WCF-2, which is attached to this memorandum. Any employee who elects to use accumulated leave for absences due to a job-related illness or injury for which workers' compensation income benefits are provided must sign and execute the form. Additionally, these amendments clarify that an employee shall not receive and retain the benefit of paid leave and workers' compensation income benefits for the same period of time.

Please also note that all information pertaining to the use of accumulated leave for which workers' compensation benefits are received is now located within 101 KAR 2:140, whereas it previously was referenced in the leave regulations (101 KAR 2:102 and 101 KAR 3:015).

Personnel Memo 07-04 is no longer effective, due to the required use of the new WCF-2 form.

Additional information about the Workers' Compensation program, as well as an electronic version of the WCF-2 form, is located at <http://personnel.ky.gov/emprel/workerscomp/>. Please also contact the Personnel Cabinet Workers' Compensation Branch at (502) 564-6847 or (502) 564-6816 with any questions.



WORKERS' COMPENSATION REQUEST TO USE ACCUMULATED LEAVE

Name: _____ PERNR: _____

Date of injury or illness: _____

Pursuant to 101 KAR 2:140, Section 4(2), I hereby request payment from my accumulated leave balances while I am off work due to an illness or injury for which workers' compensation income benefits are claimed.

I acknowledge that I am not entitled to use accumulated leave for time off from work due to an illness or an injury for which workers' compensation income benefits are claimed except to supplement my workers' compensation income benefits and maintain my regular full salary.

I hereby remit my workers' compensation income benefits to the following State Agency:

I authorize that agency to receive and hold my workers' compensation income benefits check until I endorse the check to the agency.

I authorize my employing agency to deduct from my pay a sum equal to any amount of workers' compensation income benefits I fail to remit to my agency pursuant to this agreement.

I may revoke this authority at any time in writing by delivering a copy of the writing to the agency; however, the revocation shall not apply to any workers' compensation income benefits check for periods of time in which I have already received paid leave.

Signed this the _____ day of _____, 20____.

Signature

Witness