

Risk Management Department
ON-THE-JOB-INJURY PROGRAM
Authorization for Wage Payment

Employee Name: _____

Department: _____

Date of Injury: _____

Per the medical notes received the above employee is medically restricted from work due to a work related injury from:

_____ through _____

The employee has elected to receive:

2/3rds of average earnings

100% of average earnings

SICK/ANNUAL LEAVE USE AUTHORIZATION:

Under the provisions of Montgomery County's Personnel Procedure Manual, I wish to supplement 2/3s of average earnings paid to employees restricted from work due to an on the job injury with my accumulated leave, which will allow me to receive 100% of my regular earnings.

Estimated number of hours required: _____

Employee Signature

Date

Departmental Representative

Please forward to the Risk Management Department.

If you have any questions, please call 648-5715.