VSDP Election to Use Leave/Disability Credit Form

Name:	Date:
Radford University ID #:	Department:
Mailing Address (home):	Home Phone Number:
Supervisor's Name:	Phone Number:
Leave Usage While On Short-Term Disability If my short-term disability is approved, I would like to use the following available leave balances to supplement my income for days that are at reduced pay while on short-term disability up to 100% of pay. Sick leave cannot be used to supplement pay after initial waiting period. Check all that apply.	
I would like to use sick leave during the initial waiting period.	
Order to be used (1st, 2st) Annual Compensatory Family Personal I would like to use my leave balances, checked above	- - -
(NOTE: Any wage attachments or garnishments will be taken out of leave balances monies. Check all that apply	
□ 80% of pay □ 60% of pay □ I do not want to use leave balances to supplement my income while on short-term disability.	
Please leave hours of Annual Leave in my Leave Bank.	
In the event that my claim is in a pending status, please apply my sick and/or annual leave to ensure my pay is not interrupted.	
Signature:	
Disability Credits/Sick Banked If you elected to convert accumulated sick leave to disability credits at the time of initial open enrollment (January – March 1999), you may use disability credits for income replacement for days reduced to 80% or 60% pay while on short-term disability. Eight (8) disability credits must be used per day to restore pay to 100%. Sick Bank days are not eligible to be used when an employee is working a reduced schedule.	
If my short-term disability is approved, I would like to (Select one) Before After I use my leave balance	(Check all that apply)
☐ I do not want to use disability credits during short-term disability.	
Lack of notification to Human Resources of hours worked or your return to work can result in an overpayment. Any overpayment of benefits must be reimbursed immediately to Radford University. If overpayment is not reimbursed immediately, it can result in docking of future pay to recover funds.	
Signature:	Date:

Please return the completed form to: *Human Resources, P.O. Box 6889, Radford, VA 24142* Completed form can also be returned to the Benefits department at jaylor1010@radford.edu.