

The Citadel  
State Accident Fund  
Salary Benefit Option Request Form and Instructions

INSTRUCTIONS

The following rules pertain to S.C. Workers' Compensation Salary Benefits:

1. Effective January 1, 2008, the maximum compensation rate is \$661.29 per week; therefore, the employee will be entitled to 66% of their average weekly wage, not to exceed the current rate of \$661.29.
2. There is a seven (7) day waiting period. If an employee is in "within pay status" for more than fourteen (14) days, the employee will be paid for these seven (7) days in addition to the other days.
3. Total Workers' Compensation benefits for disability cannot exceed 500 weeks.
4. If an employee chooses to receive Workers' Compensation benefits, the employee will be placed in leave without pay status by The Citadel, since the employee will be receiving compensation from Workers' Compensation.
5. While an employee is in leave without pay status, the employee must pay the employee's portion of the cost to continue health insurance coverage and any other benefits the employee wishes to retain while on leave of absence without pay.
6. Section 8-11-145 of the South Carolina Code of Laws provides that an employee MAY use sick and annual leave in conjunction with Workers' Compensation benefits according to a formula developed by the Budget and Control Board. The formula and table were developed to assist in calculating appropriate leave charges that will, when added to the Workers' Compensation benefit, equate closely to the net pay an employee would receive in a regular check if at work.

LEAVE AUTHORIZATION REQUEST FORMS MUST BE APPROVED, SUBMITTED AND REPORTED ON APPROPRIATE TIME AND ATTENDANCE REPORTS AS SICK, ANNUAL OR LEAVE OF ABSENCE WITHOUT PAY.

I MUST CONTACT THE CITADEL HUMAN RESOURCES DEPARTMENT AND/OR PAYROLL DEPARTMENT REGARDING LEAVE OF ABSENCE WITHOUT PAY POLICIES AND PROCEDURES.

I FURTHER UNDERSTAND THAT I MUST PAY THE CITADEL DIRECTLY FOR ALL OR ANY PORTION OF MY INSURANCE BENEFIT PREMIUMS WHILE IN A LEAVE WITHOUT PAY STATUS IN ORDER TO MAINTAIN COVERAGE, DURING THAT TIME.

**The Citadel**  
**WORKERS' COMPENSATION ELECTION FORM**

Reference: Employee's Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

First Date Out of Work: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**This form is used for salary information only and in no way affects other authorized worker's compensation benefits. Please read the instructions carefully and complete the form to its entirety. Choose one option only, and effective date should be given.**

South Carolina Law provides that, in the event of an accidental injury arising out of and in the course of employment with the State, a disabled employee shall make an election to receive compensation under on of the following options:

- OPTION I      To be placed on paid leave status, using accrued sick and/or annual leave. When such leave credits are exhausted the employee shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted.
- OPTION II      To use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 Code. Under this method the employee would receive the disability benefits equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate of \$ \_\_\_\_\_ per week, or
- OPTION III      To receive sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation.

I elect to receive compensation as outlined in Option above

I understand that in the event I receive an overpayment of compensation from The Citadel and/or the STATE ACCIDENT FUND; I am legally obligated to repay such overpayment within the time frame and by the method required by my employer.

**ADDITIONAL INFORMATION EXPLAINED:**

While in a LEAVE WITHOUT PAY STATUS, an employee will not accrue any sick or annual leave.

If, while in a LEAVE WITHOUT PAY STATUS, an employee has insurance premiums due, they will be notified by Human Resources regarding the amount that is due and date payable.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EXPLAINED BY: \_\_\_\_\_ DATE \_\_\_\_\_

**If you have any questions about this form, or Worker's Compensation Benefits, policies and/or procedures, please call Dana Richardson, The Citadel, HR Benefits Manager at (843) 953-5376, or via email [dana.richardson@citadel.edu](mailto:dana.richardson@citadel.edu).**