

# UNIVERSITY OF WISCONSIN – WHITEWATER WORKER'S COMPENSATION FACT SHEET LOST TIME

When a work related injury or illness results in absence from work, a medical report is required giving the reason and dates of lost time. It is the responsibility of the employee to be sure medical reports are provided timely at the onset of disability as well as on a regular updated basis, including estimated return to work dates. Lack of complete medical documentation may result in a delay of payments.

**Temporary disability** benefits are approximately two-thirds of the employee's average weekly wage subject to a maximum amount specified by law. Temporary total disability is paid on a six-day per week basis. Payments are made to coordinate with regular scheduled payroll dates. Temporary disability is not paid for the date of injury or the three-day waiting period for disabilities lasting seven days or less. If the absence extends beyond eight days after the date of injury or last day worked, compensation is paid for the entire period including the three day waiting period.

Temporary disability is paid while **medical documentation** shows the employee is unable to work due to the work injury, until the employee is released by the physician and work is available within any restrictions, or until the employee reaches a maximal healing.

The University of Wisconsin-Whitewater encourages early return to work. Contact your Supervisor or the Worker's Compensation Coordinator to see if modified duty is available within your restrictions.

## Leave Options

**You should contact the Human Resources/Benefits Office to determine available leave credits and to discuss options.**

Temporary disability compensation can be supplemented with your **accumulated leave credits**. This allows employees to supplement their worker's compensation payment (approximately two-thirds of salary) with approximately one-third leave credits so they receive about their normal paycheck.

An employee cannot receive more than his/her regular base pay; therefore when credits are paid in addition to worker's compensation, an overpayment results. The payroll is reduced by this amount. The overpayment is divided by the hourly rate to determine the amount of leave credits to be credited to your account. Hours of leave credits restored are leave-without-pay.

An employee may elect to be on **leave-without-pay** during the period of absence and receive only temporary disability compensation. If this option is chosen, or the employee does not have enough leave credits to cover the absence, the employee would not be paid any accrued leave credits.

Leave credits are not **earned** for hours of leave-without-pay, including hours restored as a result of an overpayment. **Retirement credits** are earned for any period of time in which temporary disability benefits under worker's compensation are paid provided the employee remains in active employment status.

Worker's compensation payments are **not taxable** for social security, federal tax or state tax.

Worker's compensation is integrated with Income Continuation Insurance. Benefits paid under worker's compensation will be deducted from any paid income continuation benefits.

If during the absence an employee is no longer on the payroll, you should **contact the Human Resources/Benefits Office to make arrangements for premium payment of benefits and/or insurance**, as well as appropriate leave of absence forms.

**For further information regarding Worker's Compensation, please contact the UWW Worker's Compensation Coordinator:**

Amy Stritzel  
UW-Whitewater Risk Management & Safety  
800 W. Main Street, Hyer Hall Room 333  
Whitewater, WI 53190  
Phone: 262-472-1856  
Fax: 262-472-5668  
Email: [stritzea@uww.edu](mailto:stritzea@uww.edu)

This Fact Sheet briefly explains options available under the Wisconsin Worker's Compensation Act. This document does not constitute a legal document. The law and bargaining unit agreement would prevail in the event of a discrepancy.

~~~~~  
I elect the following option to cover my absence due to my work related injury. (Please circle election.)

1. **Supplement worker's compensation with accrued leave credits.** I understand this may result in an overpayment. Please number the following in the order you would like your accrued leave credits used.

**Vacation**

**Sick Leave**

**Personal Holiday**

2. **Leave-Without-Pay.** I will receive only temporary disability compensation as provided under the Worker's Compensation Act, and will not receive any accrued leave credits.

I agree to reimburse the State of Wisconsin and/or its agents for any duplicate leave credits, duplicate benefits and /or non-compensable payments from my Worker's Compensation payments or paycheck.

---

Signature

Date