

Workers' Compensation Leave information form

SECTION 1

EMPLOYEE AND LEAVE DATA

Instructions to HR / payroll officials:

Please complete this form and email it to your assigned Employer Services Representative.

Note:

While an employee is receiving **Sec. 34 Workers' Compensation Benefits**, MTRS deductions **SHOULD NOT** be taken on the workers' compensation payments or any supplemental (sick/personal/vacation) pay from the employer.

While an employee is receiving **Sec. 35 Workers' Compensation Benefits**, MTRS deductions should not be taken on the workers' compensation payments but **SHOULD** be taken on regular earnings for time worked or used paid time off in place of time worked.

For more information, please visit
<https://mtrs.state.ma.us/employer-news-041823/>

a) Employee name.....	
b) Social Security Number. . . . <i>last four digits</i>	XXX-XX-
c) Date of injury.....	
d) Last day worked prior to going on Workers' Compensation (if different from date of injury)	
e) What section workers' compensation benefits is the employee receiving? (This information is typically found on the employee's insurance paperwork)	
☐ Section 34	
Benefit start date	
Benefit stop date	
Date of FIRST paycheck offset by workers' compensation payment. . .	
Percentage paid by workers' compensation policy.	%
☐ Section 35	
Benefit start date	
Benefit stop date	
FTE% employee will work while partially incapacitated.	%
Date of FIRST paycheck offset by workers' compensation payment. . .	
Percentage paid by workers' compensation policy.	%
f) Date employee returned to work	
g) Date of first paycheck after return to work that is NOT offset by workers' compensation payment.	
h) FTE% employee will work upon return .	%

SECTION 2

SUBMITTED BY

Name		Date	
Employer.			