

WORKERS' COMPENSATION INSURANCE REQUEST FOR PAID

INJURY LEAVE FOR PEACE OFFICERS (Policy: UTS185)

*HR OFFICE, PLEASE FORWARD A COPY TO WCI PROMPTLY*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Claim Number

\_\_\_\_\_  
Date of Injury

**UTS 185 authorizes a UT SYSTEM INSTITUTION to grant an individual who was employed by that institution as a peace officer, upon request, with paid leave if the individual sustains an injury that is determined to be compensable under the Texas Workers Comp statute and the institution also determines that the injury was sustained while the individual was acting in the line of duty as a peace officer. If THE INJURY IS DETERMINED TO BE COMPENSABLE, THE UNIVERSITY OF TEXAS SYSTEM WILL PAY REASONABLE AND NECESSARY MEDICAL BILLS RESULTING FROM THE INJURY IN ACCORDANCE WITH THE TEXAS WORKERS' COMPENSATION ACT.**

\_\_\_\_\_ I have sustained an injury which I believe to qualify me to receive paid leave under UTS 185 for up to a maximum of one year from my employing institution. I understand that my eligibility for this leave terminates after I have exhausted the maximum permitted amount of leave, I have been determined by the UT System Workers Compensation plan to have reached maximum medical improvement, or I have been determined under the UT System Workers' Compensation plan's policies to no longer be disabled as the result of this injury

\_\_\_\_\_ Expiration Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date

All requests must be submitted by or on behalf of the employee requesting the leave to the Human Resources at the employee's employing institution. The Human resources should forward a copy of this request form to the WCI representative.