



**WORKERS' COMPENSATION INSURANCE  
REQUEST FOR PAID INJURY LEAVE FOR PEACE OFFICERS  
(Policy: UTS185)**

\_\_\_\_\_  
Employee's Name

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

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

UTS 185 authorizes a UT System Institution to grant an individual employed by that institution as a peace officer, upon request, with Paid Injury Leave if the individual sustains an injury that is determined to be compensable under the Texas Workers' Compensation Act and the Office of Director of Police 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 expenses resulting from the injury in accordance with the Texas Workers' Compensation Act.
- Paid Injury Leave will be made available to the peace officer for up to a maximum of one (1) year from the first date of disability.

**Peace Officer Acknowledgement**

I have sustained an injury which I believe qualifies me to receive paid leave under UTS 185, for up to a maximum of one year from the date of injury, from my employing institution.

If approved, I understand that my eligibility for this leave terminates at the earliest of:

- the date that I have completed a total of one year on Injury Leave status due to the incident,
- the date that I reach Maximum Medical Improvement pursuant to the Texas Labor Code, or
- the date that I am no longer disabled pursuant to the Texas Labor Code.

If not approved, I understand I will elect one of the other leave options available to me under the UT System Workers' Compensation plan.

\_\_\_\_\_  
Employee or Employee Representative Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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