

**DIVISION OF HUMAN RESOURCES
JOB-RELATED INJURY PAYROLL CODE 9 FORM**

Please fax this form to Employee Relations at 221-6237 when employee returns to work or at the end of each payroll period if employee remains off work. Send copy of form to payroll at end of payroll period.

Employee Name: _____

Title: _____

Employee Number: _____

Employing Dept/School: _____ Payroll Code: 9

DATE OF INJURY:

In accordance with the agreed upon procedures of the Board Approved Pay-Continuation Procedure, a request is being submitted for continuation of pay during the pay period of _____ through _____ for the following:

Date	Hrs/ Runs	Date	Hrs/ Runs	Date	Hrs/ Runs	Date	Hrs/ Runs
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF DAYS _____ RUNS _____

Submitted by: _____
Administrator of School/Department

Validated by: _____
Office Nurse/ Employee Health Program

Reviewed by: _____
Employee Assistance Supervisor

Authorized by: _____
Assistant Superintendent
Division of Human Resources

If you have any questions please call the Employee Relations at 221-4531.

c: Employee
Payroll