



The University of Georgia

Leave Declaration for Disability Claims

This form should be completed by the employee who will be on disability leave.

Employee name _____

Employee ID number 81 _____

I have applied for Short term disability

Long term disability

I wish to take the following actions with regard to the usage of my leave while I am on disability leave at UGA. I understand I must choose **one** option which will be in effect for my disability period.

Choose one option below:

Option #1

Use my leave for the exclusion period only (14 days STD / 90 days LTD) then start my STD/LTD benefit. .

Option #2

Exhaust my leave and then start my STD/LTD benefit.

Option #3

Be in a leave Without Pay (LWOP) status for the exclusion period and then start my STD/LTD benefit.

Option #4

I am applying for shared leave and understand that I cannot receive a disability benefit until all my annual leave, sick leave, and shared leave hours are exhausted.

I understand if I am receiving any UGA pay (including paid leave), it will coordinate with my disability benefit not to exceed 60% of my pay. Exception: employee is entitled to a minimum disability benefit, if eligible.

Employee signature _____ Date signed _____

Once completed, the employee should submit this form to his/her departmental business manager or HR representative. A copy should be forwarded to Human Resources, 215 S. Jackson St., Athens, GA 30602, or faxed to 706-542-7321.

Questions?
Employee Benefits
706-542-2222