



Department of Risk Management & Safety, University Services Annex Building 300A
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<http://risk.arizona.edu>

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WORKER'S COMPENSATION BUY-BACK AGREEMENT

Name: _____
Please Print _____ Date of Injury _____

EID: _____

IF YOU DO NO ELECT (by returning this signed Worker's Compensation Buy-Back agreement to U of A Risk Management & Safety, P.O. Box 210300, Tucson, AZ 85721-0300) **TO REMAIN ON THE UNIVERSITY OF PAYROLL UNDER OPTION 2 OR 3, YOU WILL BY LAW GET A WORKER'S COMPENSATION CHECK UNDER OPTION 1. THE UNIVERSITY "BUY-BACK" PROGRAM IS AN OPTION AND YOU CANNOT BE PAID FOR THE SAME TIME BY BOTH WORKER'S COMPENSATION AND THE UNIVERSITY FOR SICK OR VACATION TIME.**

TO DECLINE SELECT OPTION 1

Option 1 _____ I decline to participate in the Buy-Back program and will get Worker's compensation checks only. I will not be on the University payroll and will be directly responsible for payment of any voluntary deductions available to me such as medical and dental.

TO PARTICIPATE SELECT EITHER OPTION 2A OR 2B, OR OPTION 3A OR 3B

I want to participate in the Buy-Back program under either option 2 or 3 as indicated below. I direct the State Department of Administration, Risk Management Section during the period that I elect option 2 or 3 and have sick and/or vacation balances available to send my Worker's Compensation check to the University. I give the University the right and authority to endorse and cash the Worker's Compensation check while participating in the Buy-Back program. I will remain on the University payroll under the option selected while sick and/or vacation balances are available to use and when and if those balances are used up will automatically get Worker's Compensation checks only.

If you want to participate in the Buy-Back program and are not near retirement, option 2 may be preferable.

Option 2 A. _____ I want to remain on the University payroll and apply first any sick and then if needed any vacation time balances available to each regular pay period. The Worker's Compensation check will be applied to restore sick and vacation time used at my hourly rate of pay. Use of vacation time is subject to your department's approval.

Option 2 B. _____ I want to remain on the University payroll and apply any sick time balances available to each regular pay period. The Worker's Compensation check will be applied to restore sick time used at my hourly rate of pay.

Option 3 A. _____ I want to remain on the University payroll and apply first any sick and then if needed any vacation time balances available to each regular pay period. The Worker's Compensation check will not be applied to restore sick and vacation time used at my hourly rate of pay. Use of vacation time is subject to your department's approval.

Option 3 B. _____ I want to remain on the University payroll and apply any sick time balances available to each regular pay period. The Worker's Compensation check will not be applied to restore sick time used at my hourly rate of pay.

Signed

Date