



— MEMORANDUM —

**SUPERVISORS:** Please ensure that injured employees are provided a copy of this memorandum as soon as possible following any injury or illness at work.

TO: Injured SCDPS Employee

FROM: Erin E. Curtis

Office of Human Resources (OHR)

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REGARDING: Workers' Compensation Options Effective January 1, 2024

Below is a brief explanation of the three (3) compensation options available to employees when a work-related injury results in missed workdays. Note that these options are only applicable to periods of disability which are covered under Workers' Compensation per the recommendation of an authorized medical provider. If you would like to discuss these options in detail prior to making a selection, please contact OHR using the information above. When you have selected an option, complete and sign the second page of this memorandum. **Once submitted, the option chosen cannot be changed.**

**OPTION #1** – You will be placed on paid leave status using sick and annual leave, and your paycheck will continue as normal with no interruptions in payment or payroll deductions. If/when all leave balances have been used and you are still unable to return to work, you will be placed on Option #2.

**OPTION #2** – You will be placed on Leave Without Pay (LWOP) status with SCDPS. You will not be eligible to accrue paid leave or be compensated for State Holiday observance. In accordance with Title 42 of the SC Code of Laws, you will receive a weekly benefit check from the SC State Accident Fund (SAF) equal to  $66\frac{2}{3}\%$  of your gross salary, not to exceed \$1,093.67; if your annual salary is more than \$85,302, you may receive less than  $66\frac{2}{3}\%$  of your salary from SAF. If you select this option, you must reach out to the OHR Benefits Administrator at [AprilTurner@SCDPS.gov](mailto:AprilTurner@SCDPS.gov) to make arrangements to continue paying your insurance premiums and retirement contributions.

**OPTION #3** – You will receive the aforementioned weekly benefit check from SAF. In addition, you will receive a pro-rated semi-monthly check from DPS, and the equivalent amount of leave will be deducted from your balances. If your annual salary is \$85,999 or less, your maximum pro-rated check from SCDPS will be \$234.93. If your pro-rated check from SCDPS does not cover your payroll deductions, you must reach out to the OHR Benefits Administrator at [AprilTurner@SCDPS.gov](mailto:AprilTurner@SCDPS.gov) to make arrangements to continue paying your insurance premiums and retirement contributions. If/when all leave balances have been used and you are still unable to return to work, you will be on Option #2 by default.

Section 8-11-145 of the SC Code of Laws provides that, in the event of an accidental injury which a) arose out of and in the course of State employment and b) is covered under Workers' Compensation, a disabled employee shall make an election to receive compensation under one of the following methods. Please review the options with your supervisor, mark your selection, and sign below.

<input type="checkbox"/> <b>Option #1</b>	I elect to be placed on paid leave status with DPS using accrued sick and annual leave. If these leave balances are fully exhausted before I am able to return to work, I shall then be entitled to receive Workers' Compensation disability benefit payments from SAF in the amount of 66 <sup>2</sup> / <sub>3</sub> % of my gross salary, not to exceed \$1,093.67.
<input type="checkbox"/> <b>Option #2</b>	I elect to be placed on leave without pay (LWOP) with DPS and receive Workers' Compensation disability benefit payments from SAF in the amount of 66 <sup>2</sup> / <sub>3</sub> % of my gross salary, not to exceed \$1,093.67.
<input type="checkbox"/> <b>Option #3</b>	I elect to receive pro-rated semi-monthly checks from DPS by using a pro-rated amount of accrued leave in addition to receiving Workers' Compensation disability benefit payments from SAF in the amount of 66 <sup>2</sup> / <sub>3</sub> % of my gross salary, not to exceed \$1,093.67.

By signing below, I acknowledge my understanding of the following:

- I am electing to receive compensation as outlined in the option selected above. This selection is applicable only to this incident and only to covered period(s) of disability.
- Once submitted, the selected option cannot be changed for this incident.
- In the event that I receive an overpayment of compensation from the SC Department of Public Safety and/or the SC State Accident Fund, I am legally obligated to repay such undue compensation within the time frame and via the method required by my employer.

Date of Injury/Illness: \_\_\_\_\_

Employee: \_\_\_\_\_  
Name
Signature
Date

Options Explained By (supervisor):

\_\_\_\_\_  
Name
Signature
Date