



— 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 Employees

FROM: Erin E. Ka Yin
Office of Human Resources (OHR)
Email: WorkersComp@SCDPS.gov
Phone: (803) 896-8239
Fax: (803) 896-9683

REGARDING: Workers' Compensation Options Effective January 1, 2026

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 DPS. 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 \$1,178.30; if your annual salary is more than \$91,903, 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 AprilPolo@SCDPS.gov or (803) 896-7925 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 reduced/partial semi-monthly checks from DPS, and the equivalent amount of leave will be deducted from your balances. If your annual salary is \$91,999 or less, your maximum checks from SCDPS will be \$253.67 semi-monthly. If your reduced check from DPS does not cover your payroll deductions, you must reach out to the OHR Benefits Administrator at AprilPolo@SCDPS.gov or (803) 896-7925 to make arrangements to continue paying your insurance premiums and retirement contributions. If all leave balances are used and you are still unable to return to work, you will be on Option #2 by default.

If your injury/illness **a)** arose out of and in the course of State employment and **b)** is covered under Workers' Compensation, you shall make a selection below to receive compensation via one of these three Options. The selected Option will only apply to periods of disability during which you are unable to return to work based on the recommendation of an approved healthcare provider.

When considering these Options, note that if you are disabled under Workers' Compensation for **7 calendar days or fewer** (not including the date of injury), you will not be eligible for disability payments from Workers' Compensation. If disabled for **8 to 14 days**, only days 8 through 14 are payable. If disabled for **more than 14 days**, the first 7 days will be payable in addition to all remaining days of disability.

Please review the Options with your supervisor, mark your selection, and sign below.

<input type="checkbox"/> Option #1	I elect to be placed on paid leave status with DPS using my accrued leave balances. If my leave balances are fully exhausted before I am able to return to work, I shall then be entitled to receive disability benefit payments from Workers' Compensation in the amount of 66 ² / ₃ % of my gross weekly salary, not to exceed \$1,178.30 per week.
<input type="checkbox"/> Option #2	I elect to be placed on leave without pay (LWOP) with DPS and receive disability benefit payments from Workers' Compensation in the amount of 66 ² / ₃ % of my gross weekly salary, not to exceed \$1,178.30 per week.
<input type="checkbox"/> Option #3	I elect to receive reduced/partial semi-monthly checks from DPS by using a pro-rated amount of my accrued leave <u>in addition to</u> receiving Workers' Compensation disability benefit payments from SAF in the amount of 66 ² / ₃ % of my gross weekly salary, not to exceed \$1,178.30 per week.

By signing below, I acknowledge the following:

- I understand my compensation options, and I am electing to receive compensation as outlined in the Option selected above. I understand that this selection is applicable only to this incident.
- I understand that, 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 understand that I am legally obligated to repay the undue balance 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