Extended Sick Leave and Workers' Compensation Reimbursement Agreement

I, _____ ,hereby certify that my disability:

☐ WAS ☐ WAS NOT the result of an on-the-job accident or occupational disease.

I, ☐ DO ☐ DO NOT plan to file a claim for benefits under the Workers' Compensatin or Occupational Disease laws of the State of Illinois or any other state.

I understand that Extended Sick Leave benefits payable by Southern Illinois University must be offset by workers' compensation and/or occupational disease payments. If I subsequently qualify for such payments, I agree to reimburse Southern Illinois University for the full amount of the extended sick leave benefits within 60 days after the receipt of the workers' compensation or occupational disease payments.

I, hereby execute this Reimbursement Agreement this _____ day of _____ , _____ .
(day) (month) (year)

In consideration of the agreement of Southern Illinois University to begin extended sick leave benefit payments to which I may be entitled immediately instead of at the expiration of the period allowed for filing of a workers' compensation or occupational disease claim.

Signature: _____ AIS # _____

Street Address _____

_____ _____ _____
City State Zip

Telephone Number _____

Witness Signature: _____ _____
Date Signed