



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections  
**PAYROLL OFFICE**

39 Howard Avenue  
Cranston, RI 02920  
(401) 462-3251

TO: PAYROLL OFFICE

NAME:

SS#:

DATE:

SUBJECT: WORKERS' COMPENSATION  
DATE OF INJURY

\_\_\_\_\_ I *WISH* TO DISCHARGE MY ACCURED LEAVE PENDING MY WORKERS' COMPENSATION CLAIM. I UNDERSTAND THAT I *MUST* REIMBURSE THE DEPARTMENT OF CORRECTIONS WHEN MY CLAIM HAS BEEN PICKED UP BY WORKERS' COMPENSATION.

\_\_\_\_\_ I *DO NOT WISH* TO DISCHARGE ANY ACCRUED LEAVES PENDING MY WORKERS' COMPENSATION CLAIM. I WILL BE CHARGED LEAVE WITHOUT PAY.

SIGNATURE: \_\_\_\_\_