



**Ohio Department of  
Administrative Services**  
HUMAN RESOURCES DIVISION  
30 EAST BROAD STREET  
COLUMBUS, OHIO 43266-0405

Bob Taft, Governor

Nikki A. Guilford, Interim Director

May 7, 1999

**Payroll Letter 753**  
Supercedes 326

To: Payroll Officers, Personnel Officers, Labor Relations Officers and Fiscal Officers of all Departments, Institutions, Boards and Commissions

From: Robert L. Cruse, State Payroll Administrator

Subject: Workers' Compensation Advancement

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In the case of an injury or illness which may be covered by the Bureau of Workers' Compensation, an employee may receive, as an advancement, disability leave benefits. To be eligible for such advancement, an employee must simultaneously file a claim for workers' compensation lost time wages and a claim for disability leave benefits with their agency. In addition, the employee must sign a disability agreement (see attached). The agency shall within five days of receipt forward the two claims and the disability agreement to the Department of Administrative Services, Office of Benefits Administration. Disability benefits may then be advanced for a period of up to twelve weeks, or until the employee has been awarded benefits by the Bureau of Workers' Compensation, whichever is earlier. Advancements may be made only on initial workers' compensation claims.

All disability benefits received by the employee as an advancement, must be reimbursed by the employee to the disability leave benefits program if the employee has been awarded weekly wage payments by the Bureau of Workers' Compensation for the same time period for which the advancement was made. Within twenty days of notification of a final order from the Industrial Commission denying the claim for workers' compensation lost time wages, an employee may request that the initial disability application be reviewed for approval or extension of disability leave benefits.

Reimbursement to the Disability Leave Fund can be made by check payable to Treasurer State of Ohio Disability Leave Fund. Complete a copy of the Disability Repayment form (see attached). Send the check and the completed form to:

Department of Administrative Services  
Human Resources Division  
Payroll Accounting Unit  
30 East Broad Street, 29<sup>th</sup> Floor  
Columbus, Ohio 43266-0405

