

Montgomery County Government  
Risk Management Department  
Authorization for Wage Payment

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Per the medical notes received, the above employee is medically restricted from work due to a work related injury.

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

The employee has elected to receive:

2/3rds of average earnings

100% of average earnings

LEAVE USE AUTHORIZATION:

Under the provisions of Montgomery County's Personnel Procedure Manual, I do certify that I have made the above elections regarding my elected earnings. If I have selected to receive 100% earnings, I am aware that my earned leave will be used to supplement my paycheck.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

Please forward to the Risk Management Department.

If you have any questions, please call 245-3370.