NEBRASKA
Good Life. Great Service.
DEPT. OF ADMINISTRATIVE SERVICES

7 Day Wait Period Acknowledgment and Agreement

I am an employee of the State of Nebraska, with the . I work in an employment position covered under NAPE/AFSCME/SCATA/SLEBC/FOP #88 Labor Contract or the State of Nebraska Classified System Personnel Rules and Regulations. I have filed a claim for workers' compensation based upon an injury or illness I believe arose out of and in the course of employment.

I understand that under the law, the State is not required to compensate me for any time I am unable to work during the first seven days after a work-related injury or illness. However, the State does allow for use of my sick, vacation, or comp time, or injury leave (if available), to supplement the time I am unable to work during this 7-day period. I give my agency permission to supplement my time off with any sick, vacation, injury leave, or comp time I may have. I acknowledge I have been informed that should my injury/illness be determined as compensable and should my injury/illness continue for six weeks or more, I will be paid workers' compensation benefits for that 7-day waiting period. This is known as retroactive pay and these benefits will be paid by Gallagher Bassett, the State of Nebraska's Third-Party Administrator.

I acknowledge that in the event my agency has supplemented my time off, under my authorization, and I receive retroactive pay, I will be required to repay the State for any injury leave used. The State will also credit me back any sick, vacation, or comp time used. I understand this is necessary to prevent a double payment of compensation. I further acknowledge that no employee shall receive a salary (workers' compensation plus regular pay) in excess of his or her normal wage.

Based upon the foregoing, I expressly authorize the State of Nebraska to deduct from future earnings any amount received by me which is in excess of my normal wage for the 7-day waiting period.

_____
Employee's Signature

_____
Print Name

I hereby authorize to supplement my time off during the 7-day waiting period by using any sick, vacation or comp time, or injury leave I may have available.

Time Off Benefits	Yes	No	Employee's Initials
Sick			
Vacation			
Comp Time			
Injury Leave			

_____
Employee's Signature

Revised 8-18-25