|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** Complete the form and email it to the Bureau of Commonwealth Payroll Operations, Injury Leave Processing Section at CO-Disability@pa.gov. The subject line of the email should be: PILS Form [Agency# and org for agencies 11, 21, and 26]. A response will be provided within 24 hours.  **Note:**  A PILS form should not be requested if the employee has no annual or sick quota available. | | | | | | | | | | |
| **Requestor:** | | | | | | | | | | |
| Requestor | | Requestor Telephone Number | | | | Date of Request | | | | Time of Request |
|  | |  | | | |  | | | |  |
| Agency | | | | Organization | | | | | | |
|  | | | |  | | | | | | |
| **Employee Injury Information:** | | | | | | | | | | |
| Employee Name | | Personnel Number | | | | Bargaining Unit | | Date of Injury | | |
|  | |  | | | |  | |  | | |
|  | | | | | | | | Date of First Absence | | |
| Is this a recurrence?  Is this a wage employee? | | | | | | | |  | | |
| **For BCPO Use Only:** | | | | | | | | | | |
| Gross Salary | Workers’ Comp Payment | | Retirement Contribution | | | | M/H Contribution | | | |
|  |  | |  | | | |  | | | |
| Response Prepared By | | | | | Date | | | | Time | |
|  | | | | |  | | | |  | |
| Annual Leave Balance | | Sick Leave Balance | | | | Personal Leave Balance | | | | |
|  | |  | | | |  | | | | |
| **PILS Amount to be Used on Leave Election Form:** | | | | | | | | | | |
| Estimated Paid Injury Leave Supplement Biweekly Net | | | | | | | | | | |
|  | | | | | | | | | | |