

The University of Wisconsin System

UPS OPERATIONAL POLICY: GEN 12



SUBJECT: Hazardous Employment Benefits

Original Issuance Date: July 1, 2015

Last Revision Date:

1. POLICY PURPOSE:

The purpose of this policy is to establish hazardous employment benefits for certain employees injured while performing certain hazardous duties.

2. POLICY BACKGROUND:

[Wis. Stat. § 36.115\(2\)](#) requires the Board of Regents and the UW-Madison chancellor to develop personnel systems that are separate and distinct from the personnel system under Wis. Stat. Chapter 230. Effective July 1, 2015, UW System employees who were eligible to receive hazardous employment benefits under [Wis. Stat. § 230.36](#) will continue to be eligible to receive hazardous employment benefits. They will receive those benefits under this operational policy.

3. POLICY DEFINITIONS:

Please see UPS Operational Policy [GEN 0: General Terms and Definitions](#) for a list of general terms and definitions.

Definitions specific to this policy:

“Illness or injury” means physical harm to an employee caused by accident or disease.

4. POLICY:

Police Officer and Security Officer positions at the University of Wisconsin System require working in locations or performing activities that, regardless of the best efforts of the institution to provide for employee safety and security, may be dangerous to an employee’s health or life. These jobs are considered hazardous duty.

If a University of Wisconsin System police officer or security officer suffers injury while in the performance of duties, as defined in the following paragraph, the employee shall continue to be fully paid by the employing institution on the same basis as paid prior to the injury, with no reduction in accrued sick leave, compensatory time for overtime accumulations or vacation and no reduction in the rate of earning sick leave credit or vacation.

“Performance of duties” means duties performed in the line of duty including:

- a. In the process of making an arrest or investigating any violation or suspected violation of the law, the quelling of a riot, or any other violence;
- b. Engaged in an effort to save lives, recover dead bodies, or protect public or private property;
- c. Driving or riding in a vehicle under circumstances which require hazardous maneuvering or speed in excess of the normal or posted limits in the performance of law enforcement duties;
or
- d. Engaged in authorized public demonstrations or on duty training exercises.

The full pay shall continue while the employee is unable to return to work as the result of the injury or until the employee terminates employment.

The application for benefits process is described in Appendix 1, and the application form is attached as Appendix 2.

At any time during the employee's period of disability the appointing authority may, at the expense of the employing UW institution, order physical or medical examinations to determine the degree of disability.

An employee denied benefits under this section may follow applicable UW System institution grievance procedures.

An employing UW System institution that makes payments under this section is entitled to the right of subrogation for reimbursement to the extent that the injured employee may recover the reimbursed items in an action or claim in tort against any 3rd party. The repayment shall not exceed the total sums paid to the injured employee under this section and shall be limited to the total sum credited to the injured employee as damages for pay and fringe benefits actually received in the settlement of any claim caused by the negligence of the 3rd party.

5. RELATED DOCUMENTS:

6. POLICY HISTORY:

Wis. Stat. § [230.36, Hazardous employment, injuries, pay.](#)

Wis. Admin. Code § [ER 28.04, Injury while on hazardous duty.](#)

Injury While On Hazardous Duty Procedures

1. Application for benefits shall be made by completing the attached form (Appendix 2) and submitting the completed form to his or her supervisor. If the applicant is a police officer, the application should be submitted to the chief of police. The application shall contain sufficient factual information to indicate the nature and extent of the injury or illness, the circumstances surrounding its occurrence, and the qualifying duties on which the application is based.
2. The applicant's supervisor shall review the request for leave of absence with pay due to injury; shall recommend approval or denial of the request; and shall forward the recommendation to the chancellor at the applicant's UW System institution. The chancellor or chancellor's designee shall determine whether the applicant's request is approved or denied and shall notify the employee of the decision to authorize or deny the claim. The chancellor or chancellor's designee may consult with the UWSA Risk Manager prior to making this determination.
3. Upon approval of the employee's claim, the employee shall be paid from the date of inability to work until: a physician certifies the employee is able to return to work; the employee's status is changed due to worker's compensation, disability, retirement, or new work assignments; the employee is terminated; or other appropriate status change occurs. The chancellor or chancellor's designee shall require periodic reports on the status of the employee's disability and anticipated date of return to work.
4. An employee on leave with pay under this section shall be entitled to applicable pay adjustments and personal holidays. Personal holidays, however, shall lapse if the employee does not return to full work status by the end of the year during which the personal holidays accrued.
5. Employees on approved leave with pay under this section shall earn annual leave and sick leave credits for the duration of such leave. Employees shall be denied legal holiday credits for holidays which occur during the period of absence from work while on an approved leave with pay under this section. Annual leave credits earned prior to the date of injury may be carried over.

REQUEST FOR LEAVE OF ABSENCE WITH PAY DUE TO INJURY

Employee name:	Email address (work):	Classification:	
UW System institution:	Department or office:		
Location where injury occurred:		Time of injury:	Date of injury:
Worker's compensation claim filed? ___Yes ___No	Probable duration of disability:		
Has a previous request for hazardous employment benefits been filed for this injury? ___Yes ___No			
Describe nature of injury:			
Describe circumstances resulting in the injury:			
If injury involved other persons, give names and indicate whether the injured person is also an employee:			
Names and addresses of witnesses:			
Attending physician's name and address:			
I certify that to the best of my knowledge these statements are true and that the injury was incurred in the performance of my duties.			
Date:	Signature of employee:		
SUPERVISOR'S RECOMMENDATION TO APPROVE OR DENY THE BENEFITS : ___Approve ___Deny – If denial is recommended, state the reasons in an attachment.			
I certify that I have investigated/reviewed this request.			
Date:	Signature of the Employee's Supervisor:		
FINAL DECISION: ___Approved ___Denied – If denied, state the reasons in an attachment.			
Date:	Signature of the Chancellor or the Chancellor's designee:		

Submit completed form to: UW System Office of Risk Management, 780 Regent Street, Madison, WI 53715