I	, having been injured and unable to
return to work until released from the doctor to o	do so, am receiving workers compensation for Richland
Parish School Board through F. A. Richard & Asso	ciates, do elect one of the following:
I Agree to pay, by personal check or mon	ey order, my portion of retirement and any other
personal deductions while drawing workers com	pensation until I am able to return to work or until the
end of the contract year. I will thus be able to co	ntinue to earn service time towards retirement and will
retain coverage for any other personal policies th	rough normal payroll deductions.
I Waive my choice to pay my portion of I	retirement benefits while on workers compensation. I
understand that I will not earn service time towar	rds retirement while on workers compensation. I will
pay by personal check or money order for any pe	rsonal deductions while drawing workers
compensation or until the end of the contract yea	ar. I will thus be able to continue to retain coverage.
I Waive my choice to pay my portion of I	retirement benefits while on workers compensation. I
understand that I will not earn service time towar	rds retirement. Neither do I wish to pay for any
personal deductions while drawing workers com	pensation. I will not be able to continue to retain
coverage for any policies I currently have under p	payroll deductions.
Signature	Witness
	Witness