

## BUDGET POLICY AND REPORTING MANUAL

<i>Date</i> 8/16/16	<i>Subject</i> New Instructions for Completing the C-256.2 Form (Claim for Reimbursement of Wages Paid to State Employee)	<i>Item</i> G-250
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Effective *immediately*, there is a revised procedure in the way New York State government agencies notify the New York State Insurance Fund (NYSIF) and the Workers' Compensation Board (WCB) of an employee's period of absence and wages paid during a work-related injury or illness.

Pursuant to existing statutory provisions, the C-256.2 form (Claim for Reimbursement of Wages Paid to State Employee) has been revised to request full reimbursement of wages advanced to an employee paid by New York State. The revised C-256.2 also notifies NYSIF of the dates of workers' compensation disability during which the employee was paid and the amount paid to the employee for those periods.

In order to provide an injured employee's payroll information in the most efficient manner, an automated process is in development with the Office of the State Comptroller (OSC), NYSIF and the WCB utilizing data maintained in PayServ. In the interim and until further notice, State agencies will be required to complete the C-256.2 form manually by following the detailed step-by-step instructions in Attachment A. Agencies will no longer fulfill their workers' compensation reporting responsibilities by sending the C-256.2 via the Accident Reporting System (ARS).

These C-256.2 instructions are temporary until the automated solution is implemented (currently scheduled for the first quarter of 2017). The automated solution is contingent on State agencies providing OSC with timely receipt of workers' compensation leave transactions in PayServ. It is critical for payroll personnel to comply with the procedures within OSC's Payroll Bulletin 1366 ([http://www.osc.state.ny.us/agencies/pbull/agencies/2013\\_2014/bulet1366.htm](http://www.osc.state.ny.us/agencies/pbull/agencies/2013_2014/bulet1366.htm)) in a timely manner to ensure that the payroll data is accurate and can be used as the basis for workers' compensation awards. When automation is complete, you will be notified that you no longer are required to produce or report the C-256.2.

### **Agency Backlog of C-256.2 Form Submissions**

As a result of payroll information now being included on the C-256.2 form, agencies will also be required to submit the new C-256.2 forms for all cases that have not yet had a WCB determination or award of compensation. A list of these cases will be provided to each agency under separate cover. Agencies are required to submit the new C-256.2 providing payroll information even if a C-256.2 was previously submitted providing periods of lost time resulting from the injury.

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The new C-256.2 forms for this backlog of cases should be submitted as soon as possible, but no later than August 31, 2016. Agencies with “main” or “central” offices will receive the lists to disseminate to their corresponding facilities.

### **Key Consideration**

It is crucial to update workers’ compensation leave status in PayServ and submit the C-11 and C-256.2 forms upon a workers’ compensation change in work status (C-11) and return to work (C-256.2) to avoid delays or errors in the payment of compensation and reimbursements. It will also expedite the claims process which will ultimately help employees return to work earlier.

### **Questions**

- Questions regarding completing the C-256.2 Fillable PDF form (Attachment C) should be directed to the appropriate NYSIF Case Manager. The Case Manager’s phone number and email address can be found by entering the NYSIF Loss ID number (carrier case number) and last four digits of the employee’s social security number at <https://www.nysif.com/sifivrweb/cmlookup.aspx>.
- Technical PayServ and payroll information questions should be directed to the Office of the State Comptroller (OSC) at 518-474-3400 or [payroll@osc.state.ny.us](mailto:payroll@osc.state.ny.us).

Attachments:

- A: Instructions
- B: Employer Reimbursement Worksheet
- C: C-256.2 Fillable PDF Form

## Attachment A – Instructions

### **1. When should the manual C-256.2 be submitted by an agency?**

Generally, the C-256.2 should be completed when the employee returns to work from a period of absence due to the work-related disability. For extended absences (even if the employee has not yet returned to work), it **MUST** be completed prior to the first WCB determination or award of compensation. Prior to completing the manual C-256.2, you must make sure that workers' compensation leave in PayServ has been updated to reflect return to work date, if applicable.

Below are instances of when a NYS employee would receive NYS-paid wages during a period of absence due to a work-related injury or illness. These instances vary based on the employee's bargaining unit. Agency personnel administrators are required to complete the C-256.2 within 10 days of the WCB's request and/or an employee's return to work, including but not limited to the following occurrences in which an employee:

#### CSEA, PEF, District Council 37

- Used accrued leave credits or sick leave at half pay while serving the waiting period pursuant to Workers' Compensation Law;
- Used accrued leave credits or sick leave at half pay while the claim was controverted and it was subsequently decided in the employee's favor; and
- Received supplemental wage payments as provided under the employee's negotiated benefit.

#### NYSCOPBA, Council 82, PBANYS, PBA, PIA

- Received compensation leave with full pay without charge to leave credits;
- Used accrued leave credits for part or all of the absence from duty before being granted leave with full pay; and
- Used accrued leave credits or sick leave at half pay upon exhausting six cumulative months of leave with full pay benefits.

#### Management Confidential, UUP, GSEU

- Used accrued leave credits or sick leave at half pay.

### **2. What system resources are required in order to obtain the information needed to complete the manual C-256.2 form?**

Agency staff completing the C-256.2 form must have access to PayServ (the State's payroll system), including all four of the following PayServ panels:

- 1) Job Data (Agency)
- 2) Employee History Info Summary

- 3) Review Paycheck
- 4) Workers' Compensation Data

Your agency data access officer should contact the OSC as soon as possible if new or expanded access is needed.

### **3. How should the agency complete the manual C-256.2?**

- Review PAYSERV to input the applicable fields within the attached "Employer Reimbursement (C-256.2) Worksheet" (see examples below);
- Enter the following fields on the C-256.2 fillable .pdf form:
  1. NYSIF's Case Number (Loss ID number);
  2. Date of Accident;
  3. WCB Case Number;
  4. Name and Address of State Agency (Employer);
  5. Name and Address of Employee (Injured Worker);
  6. The period(s) of absence in which the employee was disabled and the total full, half or supplemental amount advanced to the employee for that period (as calculated on the Employer Reimbursement [C-256.2] Worksheet);
  7. State Agency Name (Employee Signature and Date should be left blank);
  8. Indicate if the employee charged any accrued leave credits for any days of absence. If Yes, provide the dates which will not be restored (if any) and whether restoral of credits is pending a decision by the Board;
  9. The period of time in which the agency claims reimbursement for wages that were paid to the employee (provide the first date in the 'From' columns and the return to work date or start of a different leave status in the 'To' columns under number 6); and
  10. The name and telephone number of the person completing the form, as well as the date it is submitted to NYSIF.
- Save the completed C-256.2 and "Employer Reimbursement (C-256.2) Worksheet" using your agency's filing protocol; use of a shared network drive is recommended. The recommended file naming convention for the C-256.2 is <Last name><First initial>\_<DOA:mmddy>C256.pdf, e.g., SmithJ\_052616\_C256.pdf
- Email the PDF copy of the C-256.2 to the appropriate NYSIF Case Manager.
- Email the PDF copy of the C-256.2 to the WCB at [wcbclaimsfilings@wcb.ny.gov](mailto:wcbclaimsfilings@wcb.ny.gov). Send one C-256.2 per email and include the claimant's name or WCB # in the subject line.

To save time for future C-256.2 submissions (e.g., for reoccurrences or additional lost time), keep employer name, claimant name and case numbers (Loss ID number), and the employer's representative information saved on a template and make adjustments to the other fillable information when needed.

**4. How can the agency determine the period of absence during which an employee is eligible to receive wages while out on worker's compensation leave?**

- Review the most current C-11 or EC-11 form to identify dates of disability associated with the work-related injury or illness.
- Within PayServ, navigate to: Employee History Info Summary: *Navigation - PayServ Custom > Employee History Info Summary*
- Identify the corresponding periods during which the employee was eligible to receive wages while on a work-related disability by locating the following Action and Reason Codes:
  - Employees placed into a paid workers' compensation leave status are identified by the following Action/Reason codes:
    - **PLA/WCF** – Paid Leave of Absence/Workers' Compensation Leave Full
    - **PLA/SWC** – Paid Leave of Absence/Sick Leave with Pay with Workers' Compensation
    - **LOA/WDL** – Leave of Absence/Workers' Compensation Disability Leave
  - Employees returning to work from a paid workers' compensation leave are identified by the following Action/Reason codes:
    - **RFL/RCF** – Return From Leave/Return From Workers' Compensation Full
    - **RFL/RWC** – Return From Leave/Return From Workers' Compensation Paid Sick Leave
    - **RFL/RLV** – Return From Leave of Absence
  - Employees eligible to receive a supplemental payment benefit are identified by the following Action/Reason code:
    - **LOA/WPS** – Leave of Absence/Workers' Compensation 60% Supplemental Payment Benefit
  - Employees returning to work from a supplemental pay status are identified by the following Action/Reason code:

➤ **RFL/RWS** – Return From Leave/Reinstatement to Regular Pay Status from Supplemental Pay Status

- Record the effective date for each applicable code on the attached Employer Reimbursement (C-256.2) Worksheet (see example 1 below, Step 1)

**Note:** *The effective dates for the Action/Reason codes do not always identify the dates during which the employee received pay. For instance, in circumstances when an employee is eligible for supplemental pay, he or she may not actually receive a check if NYSIF pays compensation in an amount equal to or greater than 60% of his or her regular gross wages. In this scenario, the period during which the employee was placed in LOA/WPS but did not actually receive any supplemental wages would not be included on the C-256.2.*

**5. How can the agency determine the amount advanced to an employee?**

- Navigate to the Review Paycheck panel in PayServ: Review Paycheck:  
*Navigation - Payroll for North America > Payroll Processing for USA > Produce Payroll > Review Paycheck*
- For each period that an employee was on a paid leave of absence (PLA Action/Reason code), locate the Earnings and Hours in the Earnings Salaried box (or Hourly box, as applicable) and enter the values on the C-256.2 Worksheet. See the Example 1, below.

**Note:** *The methodology used for this temporary process may understate the amount actually paid to the injured employee as it will not include additional paycheck earnings (i.e., location pay, retroactive pay, pre-shift briefing, etc.). This will be corrected to include all wage categories once the automated process is implemented.*

**Example 1 – Paid Leave of Absence**

Step 1: Period of Paid Leave of Absence due to Disability

According to the Employee History Information Summary below, the employee was placed on Paid Leave of Absence/Workers' Compensation Leave Full (PLA/WCF) effective 8/25/2015. He or she was subsequently put on Leave of Absence/Workers' Compensation 60% Supplemental Payment Benefit (LOA/WPS) effective 9/1/2015. As a result, the employee was on a full paid leave for 7 calendar days. Enter leave date of "8/25/2015" on the C-256.2 Worksheet. Enter "9/1/2015" as the date the employee is no longer on a paid leave of absence on the C-256.2 Worksheet.

Effdt	Act / Res	Pos #	NYS Title	Anniv Dt	Salary	EE% / Ind	Appr Cd	EE Type	Long NYS Title
Seq #	Agency	NYS Post#	Grade	Inc Cd	PBC	Jur CL	Pay Grp	Earn Prog	Long Agency Name
EE Status	Act Dt	Line#	BU	FIS Sal	Comp Rt	Wk Gch	Poe FTE	Company	Position Loc Code
History Information <span style="float: right;">First 1-75 of 75 Last</span>									
09/28/2015	RFL RPS			09/09/2007	\$46573.00	1.0000 / F	CONT	S	
0			D11		ANN	0	AL7	N02	
A	10/05/2015		02		\$1781.46	NYYYYY	1.00	NYS	
09/01/2015	LOA WPS			09/09/2007	\$46573.00	1.0000 / F	CONT	S	
0			D11		ANN	0	AL7	N02	
L	09/08/2015		02		\$1781.46	NYYYYY	1.00	NYS	
08/25/2015	PLA WCF			09/09/2007	\$46573.00	1.0000 / F	CONT	S	
0			D11		ANN	0	AL7	N02	
P	08/25/2015		02		\$1781.46	NYYYYY	1.00	NYS	

Step 2: Full Wages Advanced to Employee

In this example, for the 7 days the employee was on a paid leave of absence (8/25/2015 through 8/31/2015), the wages he or she was paid for that period was spread across 2 paychecks (Pay End Dates 8/26/2015 and 9/9/2015). In the Review Paycheck panel, shown below, locate Salaried Earnings. Enter "1,781.46" on the C-256.2 Worksheet in Step 2. Note: the salary/compensation rate of \$1,781.46 may also be located on Employee History Information panel, above).

Paycheck Earnings

Emp ID: [Redacted] Name: [Redacted]  
 Company: NYS Pay Group: AL7 Pay End Dt: 08/26/2015 Page: 207 Line: 3 Separate Check:

Paycheck Information

Paycheck Status: Confirmed Paycheck Option: Chk-Advice  
 Issue Date: 08/09/2015 Check #: [Redacted]  
 Off Cycle Reprint Adjustment Corrected Cashed

Paycheck Totals

Earnings: 1,781.46  
 Taxes: 183.45  
 Deductions: 501.35  
 Net Pay: 1,096.66

Earnings

Begin Date: 08/13/2015 End Date: 08/26/2015 Addl Line Nbr: Reason: None  
 Emp Record: 0 Benefit Record: 0

Salaried

Hours: 80.00  
 Earnings: 1,781.46

Hourly

Hours: 0.00  
 Earnings: 0.00  
 Rate Code:

Overtime

Hours: 0.00  
 Earnings: 0.00  
 Rate Code:

Rate Used: Hourly Rate Shift: N/A Shift Rate:  
 State: NY Locality:

Other Earnings

Code	Description	Hours	Amount	Source

The amount of wages advanced to the employee is calculated on the C-256.2 Worksheet by dividing the salaried earnings (\$1,781.46) by 14 days to calculate the daily rate of pay. Next, the daily rate of pay is multiplied by the number of days of work-related disability from step 1 (7 days). The attached C-256.2 Worksheet automatically calculates this value for you.

Salaried Earnings: \$1,781.46  
 Daily Rate of Pay: \$127.25  
 Amount Advanced: \$890.73

**Note:** The salaried earnings are divided by 14 days instead of 10 days to simplify the steps performed by staff completing the form. If the earnings were instead divided by 10 days, staff would be required to add up the number of employee pass days that occurred during the claimant's period of workers' compensation disability and deduct this from the total number of work-related disability days calculated in step 1.

The first line, below is how the C-256.2 form would be completed for the example above.

6. Time Lost from Work

From		To (but not including)			Salary Received (Enter Exact Amount)			From		To (but not including)			Salary Received (Enter Exact Amount)		
Mo/Day/Yr	Mo/Day/Yr	Full	Half	Supplement	Mo/Day/Yr	Mo/Day/Yr	Full	Half	Supplement	Mo/Day/Yr	Mo/Day/Yr	Full	Half	Supplement	
8/25/2015	9/1/2015	\$890.73													

**Note:** The "To" date on the C-256.2 represents the day in which the employee returned to work or began a different leave status.

6. **How can the agency determine the amount advanced to the employee for the period he or she received supplemental pay?**

- Navigate to the Workers' Compensation Data panel in PayServ: Workers' Compensation Data: Navigation - Payroll for North America > Employee Pay Data USA > Workers' Compensation Data
- Locate Worker's Compensation Data panel that correlates with the correct NYSIF claim number (Loss ID number) and period of disability
- Locate the Supplemental Amount paid and enter it on the C-256.2 Worksheet (see example 2 below)

**Note:** For negotiating units that receive supplemental pay benefits, you may find it easier to complete separate C-256.2 forms to request reimbursement for the time the employee was on a paid leave of absence and the time the employee received supplemental pay benefits.

## **Example 2 – Supplemental Pay**

### Step 3: Period of Absence eligible for Supplement Pay due to Disability

- Navigate to Employee History Information Summary as in Example 1, Step 1 to determine the period of absence due to disability, except look for the Action/Reason codes: Leave of Absence/Workers' Compensation 60% Supplemental Payment Benefit (LOA/WPS) and Return From Leave/Reinstatement to Regular Pay Status from Supplement Pay Status (RFL/RWS).
- Enter these dates on the C-256.2 Worksheet in Step 3.

### Step 4: Supplemental Wages Advanced to Employee

- Navigate to Workers' Compensation Data and review the Pay End Dates on or after the LOA/WPS date noted above. (Note that supplemental payments are often paid by OSC subsequent to the applicable payroll period since amounts due are calculated by OSC after NYSIF has made their statutory benefit payment.)
- Locate the Earnings Begin Date and Earnings End Date for each supplemental payment and enter them on the C-256.2 Worksheet in Step 4.



**Employee:** Jane Doe  
**Date of Accident:** 8/24/2015

**Step 1: Period of Paid Leave of Absence Due to Disability**

	Leave Date	Days
PLA/WCF	8/25/2015	
LOA/WPS	9/1/2015	7
(2nd leave period, if any)		
		0
(3rd leave period, if any)		
		0
<b>Total Days</b>		<b>7</b>

**Step 2: Full Wages Advanced to Employee**

Salaried Earnings	Daily Rate of Pay	Full Wages Advanced
\$1,781.46	\$127.25	\$890.73

**Step 3: Period of Absence Eligible for Supplement Pay Due to Disability**

Leave Status	Date
LOA/WPS	9/1/2015
RFL/RWS	9/28/2015

**Step 4: Supplemental Wages Advanced to Employee**

Earnings Begin Date	Earnings End Date	Amount Paid
9/1/2015	9/14/2015	\$44.26
9/15/2015	9/27/2015	\$39.83
Additional periods -pg 2		\$0.00
<b>Total Supplemental Pay</b>		<b>\$84.09</b>

**Additional Supplemental Wages Advanced to Employee**

Earnings Begin Date	Earnings End Date	Amount Paid





**CLAIM FOR REIMBURSEMENT OF WAGES PAID TO STATE EMPLOYEE**

1. NYSIF Case Number	2. Date of Accident	3. WCB Case Number
	Name	Address and Zip Code
4. State Agency		
5. Employee		

**6. Time Lost from Work**

From		Salary Received (Enter Exact Amount)			From		Salary Received (Enter Exact Amount)		
Mo/Day/Yr	To (but not including) Mo/Day/Yr	Full	Half	Supplement	Mo/Day/Yr	To (but not including) Mo/Day/Yr	Full	Half	Supplement

7. Received from \_\_\_\_\_, employer, salary as described in item 6, above, during my absence from work for the period(s) specified above.

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

8. Were any days of absence charged to employee's accrued leave credits? Yes  No

If "Yes", indicate only those dates which have not been and will not be restored:

\_\_\_\_\_

If restoral of credits is withheld pending a decision by the Workers' Compensation Board, check this box:

9. In the event this case is deemed compensable, the undersigned hereby claims reimbursement for wages paid during the period from \_\_\_\_\_ to \_\_\_\_\_. NYSIF shall seek full reimbursement for all wages paid during periods of compensable lost time, where permanency is awarded under Workers' Compensation Law Section 15(3)(a) through (t).

DATE: \_\_\_\_\_ SIGNED BY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

This claim should be filed with the Chairman of the Workers' Compensation Board before award of compensation is made. Copies of this form should also be sent to the employee, his or her representative and the New York State Insurance Fund.