



**STATE OF HAWAI'I | KA MOKU'ĀINA O HAWAI'I  
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT  
KA 'OIHANA HO'OMŌHALA LIMAHANA  
235 S. BERETANIA STREET, ROOM 1300  
HONOLULU, HAWAI'I 96813-2437**

## **Accidental Injury Leave (AIL) Request**

To be completed by Branch Manager of Division Administrator

Employee Name:	
Department:	
Date of Injury:	Date of Request:
Employee's Class of Work:	

**The following conditions must be met for compensation under Accidental Injury Leave:**

1. Injury occurs out of and in the performance of the employee's assigned duties.
2. Injury occurs while exposed to unusually hazardous working conditions.
3. Positions eligible for consideration are recognized as a class of work priced for exposure to unusually hazardous conditions. (Refer to Table: Classes of Work Repriced Due To Exposure to Unusually Hazardous Conditions ).
4. The injury results in time off from work with a medical note, that is covered by workers' compensation.

Documents included:

- AIL Request Form.
- HRD 414, Supervisor's Accident Report (SAR) with signatures
- WC-1 Employer's Report of Industrial Injury (WC-1)
- Witness statements or police report if referred to in the SAR
- Other relevant reports

I certify the accuracy of information submitted.

\_\_\_\_\_  
Manager/Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Submit AIL Request Form along with supporting documents to [dhrd.safety.rtw@hawaii.gov](mailto:dhrd.safety.rtw@hawaii.gov).**