



Philomath School District

Benton County School District No. 17J

1620 Applegate Street

Philomath OR 97370

(541) 929-3169

NEW EMPLOYEE HANDBOOK

*The Vision of the Philomath School District is to
Graduate EVERY Student and Transition Each of Them Into
a Job, Training, or College.*

OVERVIEW

We would like to take this opportunity to welcome you to the **Philomath School District** (the school). We congratulate you on your decision to join the school community and look forward to working with you to continue our tradition of excellence and integrity, while also providing a rewarding and supportive environment to our faculty and staff. We value our employees' loyalty and honesty and we encourage open communication. If we all work together, we can create a rewarding employment environment and a successful school district!

Year after year, families entrust us with the education of their children. We take this trust very seriously and strive to live up to, and exceed, our community's high expectations. Our success depends on the daily activities of our employees. No matter what job you hold, your employment is very important to us and to the students of the school.

After reading the following material, we urge you to discuss any questions and comments you may have with your immediate supervisor. We strongly believe in an "open-door, open-communication" philosophy and expect every employee to give us their input to achieve our mutual goals.

This handbook is intended as a means of communicating certain policies and procedures to you in order for you to better understand how we, your employer, operate. It is presented as a matter of information only and its contents should not be interpreted, and are not intended, as a written employment contract between the school and any of its employees or a guarantee of continued employment. The information contained in this handbook does not supersede any policies or procedures otherwise provided by any negotiated bargaining agreement. The school reserves the right to suspend, modify, or amend any policy or procedure enclosed herein at any time. Additional employment information can be found on the Staff Resources page of our district website: www.philomathsd.net

HISTORY

The Philomath School District (the District), a public school system for students in grades K-12, was established in 1922, with its roots going back to the late 1800's. The District is comprised of six schools:

- Clemens Primary School (Grades K-1)
- Blodgett Elementary School (Grades K-4)
- Philomath Elementary School (Grades 2-5)
- Philomath Middle School (Grades 6-8)
- Philomath High School (Grades 9-12)
- Kings Valley Charter School (Grades K-12)

Philomath, located five miles west of Corvallis, derives its name from the Greek "love of learning" and has a long history in the timber industry. The District looks to honor this long history, as well as its relationship with The Confederated Tribes of Siletz Indians of Oregon, through its award winning forestry, arts and athletic programs.

BOARD MEMBERS/ADMINISTRATION

The School Board comprised of five (5) elected members of the community. Those members (along with the expiration of their term) are:

Jim Kildea – Chair	Term Expires June 2021
Shelley Niemann - Co-Chair	Term Expires June 2021
Greg Gerding	Term Expires June 2021
Anton Grube	Term Expires June 2023
Karen Skinkis	Term Expires June 2023

The District's Administrative/Leadership Team is comprised of the following individuals:

Philip "Buzz" Brazeau	Superintendent
Bill Mancuso	Director of Finance & Operations
Krista McGuyer	Director of Special Programs
Rob Singleton	Director of Instructional Technology
Joey DiGiovannangelo	Director of Facilities
Abby Couture	Principal – Clemens Primary School
Susan Halliday	Principal – Philomath Elementary School/ Blodgett Elementary School
Steve Bell	Principal – Philomath Middle School
Mike Bussard	Principal – Philomath High School

DISTRICT OFFICE STAFF

The District Office staff serves each of the schools and is a valuable resource for employees. Listed here are the District Office Staff and their various roles:

Philip "Buzz" Brazeau	Superintendent
Bill Mancuso	Director of Finance & Operations
Janet Skaugset	Executive Assistant/Human Resources
Lillian Edmonds	Deposits Funds, Facilities & Communications Assistant, Transportation Coordinator
Mary Ackermann	Accounts Payable, P-Cards, Grant Accounting, Fixed Assets, Student Body Funds
Jennifer Griffith	Payroll, Benefits Administration, Grant Accounting

FACILITIES/TECHNOLOGY

We are blessed to have a strong facilities and technology staff to serve the District. Those members (along with their responsibilities/locations) are:

Joey DiGiovannangelo Jr.	Facilities Director
Ryan Vaughan	Maintenance Department Lead
Joseph DiGiovannangelo Sr.	Custodian - Blodgett
Christine Boggs	Custodian - Clemens Primary
Kenneth Whelchel	Custodian - Clemens Primary/Maintenance
Alex Cervantes	Facilities/Maintenance
Bobby Baier	Custodian - Philomath Elementary
Steven Voong	Custodian - Philomath Elementary
Ryan Kildea	Custodian - Philomath Middle
Richy Ruiz	Custodian - Philomath Middle
Martha Arredondo Tejeda	Custodian - Philomath High

Lauren Wood	Custodian - Philomath High
Jeff Williams	Custodian - Philomath High
Rob Singleton	Director of Instructional Technology
Mark Neville	Network/Systems Manager
Jennifer Kessel	Classroom Applications Manager
Gary Yoder	Tech Specialist

These folks, along with the personnel at your respective school(s) are here to assist in making your job easier, so feel free to reach out as necessary!

Payroll Information

Licensed employees annual salary is divided into 12 equal monthly paychecks.

Classified employees working 20 hours or more each week will have their total annual wage divided into 12 equal monthly paychecks. Classified employees contracted to work less than 20 hours per week, will be paid for actual hours worked each pay period.

Licensed employees and classified employees with less than 12 month contracts receive July and/or August paycheck in June along with their regular June paycheck.

Pay Periods are the 16th of the month through the 15th of the next month.
Payday is the last business day of each month.

All Classified employees will complete a timesheet for hours worked or leave taken each day. Timesheets are to be turned in to the building Office Manager or Supervisor on the last day of the pay period. Example timesheet included at the end of this document.

New employees to the district for the 2019/2020 School year will receive their first paycheck on September 30th.

New employees will receive a paper check for the first payroll, while Direct Deposit account information is tested through the bank. Automatic Direct Deposit will begin with the next payroll.

Direct Deposit receipts are sent by email on payday. Paycheck information is also available in the Employee Web Portal. Please see the section on Technology for more information about the Web Portal.

Insurance Benefits

Employees working more than 50% FTE, are eligible for benefits. For eligible employees, benefits begin on the first (1st) day of the month following your hire date. For example, if your hire date is August 22, benefits begin September 1.

Benefits offered through the Oregon Educators Benefit Board (OEBB) for Philomath School District Employees:

- Medical Insurance: Moda Health or Kaiser Permanente
 - Wide variety of plans available, Low to high deductibles
- Dental Insurance: Delta Dental (Moda), Kaiser Permanente, or Willamette Dental
 - Orthodontia available on certain plans
- Vision Insurance: Moda Health, Kaiser Permanente, or VSP
- District provided Short-term and Long-term Disability
- District provided Life and Accidental Death/Dismemberment insurance
- Optional Life and Long-term Care Insurance for employee, spouse and children
 - Premiums paid by employee, cannot be covered by insurance cap
- More specific plan information can be found at: www.OEBBplandocs.com

New benefit enrollment must be completed using the New Member Enrollment form, included in your new hire packet materials. Employees must complete and submit their enrollment forms within 31 days of the hire date in order to enroll in Medical, Dental and Vision insurance. If an employee does not complete the initial new hire benefit enrollment, the district will enroll the employee in the district provided Life and Disability coverages only. The employee cannot enroll in insurance coverage again until the next open enrollment period, and may be subject to a waiting period for certain benefits. Insurance enrollment changes can only be made with a mid-year qualifying change of status or during the annual open enrollment period.

The district Benefits Administrator enrolls new hire employees in the OEBB system for the initial enrollment. Each year, between August 15 and September 15, all benefits eligible employees will complete their own Open Enrollment online to select insurance plans for the next plan year.

All eligible employees receive a monthly contribution (Insurance Cap contribution) to apply toward Medical, Dental and Vision plans. The district contribution is reduced for employees hired at less than 1.0 FTE. If the total monthly premiums for Medical, Dental and Vision are more than the district contribution, the remaining premium amounts will be deducted from the employee's paycheck each month with pre-tax deductions. Premium rate sheets for Medical, Dental and Vision monthly premium costs were included in new hire materials.

2019/2020 School Year Insurance Cap Contributions per month (1.0 FTE)

Licensed	\$975
Classified	\$1,025

An Opt-out incentive is available if an employee chooses to Opt-out of district insurance coverage. In order to receive this incentive, the employee is required to provide proof of other group coverage.

2019/2020 School Year Opt-Out Incentives per month (1.0 FTE)

Licensed	\$300
Classified	\$75

Additional Health Related Benefits available include:

- Optional Section 125 Plans – Flexible Spending Account (FSA), Health Savings Accounts (HSA), Dependent Day Care Accounts (DDC)
- Additional Optional Insurances provided through American Fidelity
 - Life, Accident and Cancer insurance policies
- Employee Assistance Program through Reliant Behavioral Health (RBH)
 - Counseling – 24 hr Crisis Help, Confidential Counseling
 - Life-Balance – Childcare Referral, Eldercare Referral, Legal Service Consultation
 - Wellness

Retirement Benefits

School district employees participate in the Oregon Public Employees Retirement System (PERS). Eligibility and benefit information about the PERS program can be found here: www.oregon.gov/PERS. The district pays the 6% IAP employee contribution. New employees that have not worked for a PERS participating employer before, become active PERS members after a 6 month waiting period. PERS enrollment is automatic with new employment, employees do not need to apply for enrollment. Employees that are active PERS members from previous employment, will continue as active members on the date of hire with the district.

The district also offers the opportunity for employees to contribute to the following optional retirement savings programs:

- 403(b) Tax Sheltered Annuity Plans
 - Variety of vendors available
 - Traditional or Roth contributions
- 457(b) Deferred Compensation Plan
 - Oregon Savings Growth Plan
 - Traditional or Roth contributions

The district uses a Third-party group to administer the optional retirement plans. More information about the plans available and enrollment procedures can be found here: www.ncompliance.com

Leave Information

District employees earn paid sick leave according to their respective negotiated agreements. Please refer to the negotiated agreements for specifics about sick leave usage.

Employees may use sick leave for up to 5 days per year for personal reasons, as outlined in the negotiated agreements.

New classified employees on a 12 month calendar accrue paid vacation, starting with 10 vacation days per year. New employees are eligible to use vacation after 6 months of employment.

All leave requests should be submitted to the Office Managers at each building for approval by administration. Submit leave requests in advance giving the Office Managers sufficient time to find substitutes if necessary. Requests in advance for unpaid leave need to be approved by the Superintendent.

Professional Activity requests are also submitted to Office Managers to begin the approval process. Out of state activity requests need to be approved by the School Board. These requests need to be submitted with enough advanced time to be presented at a monthly School Board meeting.

All forms are on the Staff Resources page of the school district website under "FORMS".

Tuition Reimbursement/College Credit

Academic/Column Advancement

For Licensed Staff

1. An employee may advance on the salary schedule by obtaining college credits, Seat Hours/District credit, or a combination of both. College courses which are not pre-approved, may not count toward the advancement on the salary schedule if it does not meet the criteria found in Article 19, B6 of the PEA agreement. Approved credit may be earned by taking courses in a regular college curriculum, serving on District or School Site Councils, workshops, or continuing education courses and others as approved by the Superintendent. Credit will be earned in courses that do not grant normal college credits by completing twenty clock hours of workshop or continuing education participation for each quarter hour of credit. Workshops or courses in a variety of subjects relevant to the teacher's assignment and of less than twenty hours each, may be accumulated to meet the twenty hour requirements.
2. If college credit is obtained by attending a workshop, it must fulfill university level requirements and require additional coursework to equate to 20 hours.
3. Seat Hours/District Credit must be pre-approved and request must include workshop description and number of seat hours to be earned. Hours must be outside of the regular workday, twenty seat hours equals one district credit. District will not reimburse employees for the cost of attending the workshop. Seat hours are not reimbursable expenses, unless the principal directs teacher attendance. **Fill out the form Request to Obtain Seat Hours/District Credit and submit to your building principal.**
4. Full-time employees may be reimbursed for up to six credit hours during each three year period beginning with the first year of employment with the district. Full-time employees in steps 0 to 5 may be reimbursed for up to an additional three credits during each year.
5. Courses taken for reimbursement shall be pre-approved by the building principal and the superintendent. **Fill out the form Tuition Reimbursement and/or College Credit and submit to your building principal.**
6. Vouchers for WOU, PSU and OSU may be available to use for reduction of tuition cost. Contact the district office for more information.
7. Reimbursement must be requested within six months of course completion. Reimbursement request is to include proof of payment and copy of transcript showing successful completion of course ("C" grade or better or Pass).
8. When the necessary credits for advancement on the salary schedule have been completed you may obtain a form, from the district office, to request your advancement. You will also need to send an official transcript(s) along with a written letter to the Superintendent stating your request. This must be completed by the end of September in order for the salary adjustment to be made for the subsequent school year.

(The information on this page can be found in your PEA agreement, Article 19.)

Sample Tuition Reimbursement/College Credit Form



Philomath School District 17J
Philomath, Oregon

Tuition Reimbursement and/or College Credit

Name: _____ Date of Request: _____

Course Number: _____

College/University: _____ Total Credits: _____

Course Title: _____

Term/Year: _____

Tuition Amount: \$ _____

Please check one option: College Credit Only ☐ Tuition Reimbursement and College Credit ☐

Reimbursement must be requested within six months of course completion. The request must include proof of payment and a copy of the transcript showing successful completion of the course.

Rationale for Request:

Employee Signature: _____

Submit report in its entirety to the District Office for superintendent's approval and signature. Copies will be returned showing status of request.

Principal's Signature _____

Superintendent's Signature _____

Date _____

Date _____

Rationale for acceptance or rejection:

.....
FOR DISTRICT OFFICE USE ONLY

Eligibility Verified _____

Proof of Payment Received _____

Grade Card Received _____

Amount Paid \$ _____

Submitted within six months of course completion _____

White Copy: District

Canary: School Office

Pink: District Office

Gold: Employee

Sample Seat Hour/District Credit Form

Philomath School District 17J
Philomath, Oregon

Request to Obtain Seat Hours/District Credit

Seat Hours/District Credit must be pre-approved and request must include workshop description and number of seat hours to be earned. Hours must be outside of the regular workday. Twenty seat (clock) hours equals one District Credit. Hours can be accumulated toward movement on the certified salary schedule. Registration fees are reimbursable on the *Request to Attend Professional Meeting* form. Costs for meals, mileage, etc. are not reimbursable unless the principal directs teacher attendance.

If college credit can be obtained by attending a workshop, the employee should complete the *Tuition Reimbursement and/or College Credit* form to receive credit.

- 1) **Complete this form and present all copies to the building principal prior to the beginning of the workshop for approval.**
- 2) **Send the pink copy, with the principal's signature, to the District Office.**
- 3) **Upon completion of the workshop submit the white copy, with documentation of actual hours earned, to the District Office for credit.**

Name: _____ Today's Date: _____

Workshop/Conference: _____

Sponsor: _____

Date of Event: _____ Seat Hours to be earned: _____

Location: _____

Rationale for request: _____

Employee's Signature

Principal's Signature

Superintendent's Signature

District Office Use

Documentation Verified: _____ Credit Awarded _____ Recorded: _____

White: Employee

Canary: School Office

Pink: District Office

Gold: Employee

Sample Request to Attend Professional Activity - Licensed and Classified

Request to Attend Professional Activity

1. Complete this request form and **send it to your office manager for Preliminary Administrator review** approximately two weeks before the date of the requested activity or a minimum of **one month** for **out-of-state trips**. (Board approval required for out of state)
2. **Coordinate with your administrator for registration and payment of fees.** (Use of school credit card is encouraged)
3. The office manager will send the form to the **District Office** for review by the Superintendent. (After review, form will be returned to the office manager and they will route the original to staff member.)
4. After attending, attach all receipts, mileage forms and proof of attendance to the approved original form and send to your office manager for **Administrator's** final approval.
5. Office manager will route the form to the **District office** for reimbursement of approved expenses.

Name: _____ Date of Activity _____

Meeting/Activity Name: _____

Location _____ Out of State? Yes _____ No _____

Comments/Rationale: _____

Account # (Assigned by Admin): _____

Substitute Account # (Assigned by Admin): _____

Substitute Needed ? _____ Sub Name _____ #day(s) _____

	Estimated Cost	Actual Cost
Mileage _____ @ current IRS rate	\$ _____	\$ _____
Meals _____ @ U.S. per diem rates	\$ _____	\$ _____
Lodging _____ nights @ \$ _____	\$ _____	\$ _____
Registration Fee	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Employee Signature: _____ Date: _____

Preliminary Review by Administrator: _____ Date: _____
(Send form to Lillian at District Office now; see #3 above)

Superintendent Review: _____ Date: _____
(Form returned to office manager)

Final approval by Administrator: _____ Date: _____
(Send form with receipts/mileage attached to Lillian at District Office; see #4 & #5 above.)

Sample of Mileage Form for Reimbursement

Fillable form available on website



**Philomath
Public Schools**

Benton County School District 17-J, 1620 Applegate Street, Philomath, OR 97370 (541) 929-3169

Request for Mileage Reimbursement Form							
Employee Name				Rate Per Mile	\$0.545	NOTE: The IRS periodically charges the per mile reimbursement rate. Current rate for 2018.	
				Total Mileage	0		
Account Number:				Total Reimbursement	\$0.00		
Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Expense
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00

No google map is required for trips to KVCS, LBL ESD, LBCC or between PSD campuses.
Round trip from Philomath to KVCS (28 mi) LBL ESD (48 mi) LBCC (42 mi).

Requester (signature): _____

Date: _____

Authorized Approver (signature): _____

Date: _____

Sample Classified Timesheet

Philomath School District 17J
CLASSIFIED - CONFIDENTIAL - UNREPRESENTED
Timesheet
August 16 through September 15, 2018

NAME: _____

[illegible]

H=Paid Holiday IN = inservice IA NC= Instr. Asst. Non-Contract Day FD=First Day School MU=Make Up Day/no school

Listed above are any and all hours that I worked during the pay period covered.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

PRINT NAME _____ LAST FOUR SSN: _____

SIGNATURE: _____ DATE: _____

[forms/personnel/timesheet-extra duty 0912](#)

Sample Classified Employee Leave Request

Submit to Building Office Manager

Philomath School District 17J

Classified Employee Leave Request

Name: (please print) _____

Building: ☐ CPS ☐ BES ☐ PES ☐ PMS ☐ PHS

Type of Leave: (Note: Any unpaid leave must have prior Board authorization)

Sick Leave:

Other Leave:

___ Sick

___ Compensatory Time

___ Bereavement

___ Personal

___ Vacation

___ Other* _____

*(please specify, i.e., jury duty, unpaid leave, etc.)

Date(s)/Hours of Leave:

Date(s) of Leave: _____

From: _____ AM PM

Total Number of Hours Taken: _____

To: _____ AM PM

Comments: _____

Substitute Needed:

☐ No

☐ Yes ~ Specify Hours: _____

I certify that I have accrued sufficient leave to cover the requested absence.

Employee's Signature

Date

Principal/Supervisor's Signature

Date

Superintendent's Signature (for unpaid leave)

Date

☐ consent ☐ payroll

revised: 10/18

Sample Licensed Employee Leave Request

Submit to Building Office Manager

Philomath School District 17J

Licensed Employee Leave Request

Name: (please print) _____

Building: ☐ CPS ☐ BES ☐ PES ☐ PMS ☐ PHS

Type of Leave: (Note: Any unpaid leave must have prior Board authorization)

Sick Leave:

___ Sick

___ Personal

Other Leave:

___ Bereavement

___ Other* _____

*(please specify, i.e., jury duty, unpaid leave, etc.)

Date(s)/Hours of Leave:

Date(s) of Leave: _____ From: _____ AM PM

Total Number of Hours Taken: _____ To: _____ AM PM

Comments: _____

Substitute Needed:

☐ No ☐ Yes ~ Specify Hours: _____

I certify that I have accrued sufficient leave to cover the requested absence.

Employee's Signature

Date

Principal/Supervisor's Signature

Date

Superintendent's Signature (for unpaid leave)

Date

☐ consent ☐ payroll

revised 10/18

Sample Key/Keycard Request Form

Building _____

Employee Last Name _____

**PHILOMATH SCHOOL DISTRICT
KEY/KEY CARD REQUEST FORM
2018-2019**

Name _____ Phone Ext _____

Keys Requested: _____

Key Issue Agreement: In return for the loan of this key, I agree:

- not to give or loan the key to others
- not to make any attempts to copy, alter, duplicate, or reproduce the key
- to use the key for authorized purposes only
- to safeguard and store the key securely
- to immediately report any lost or stolen keys
- produce or surrender the key upon official request
- I also agree that if the key is lost, stolen, or not surrendered when requested a charge that reflects the cost of changing any and all locks affected may be assessed. Replacement cost to be determined for keys on case by case basis. Key card replacement: \$5.00

Employee Signature _____ Date _____

Key# _____ Key Card# _____

Issue Type:

☐ Standard Due Date _____

☐ Temporary Reason _____

☐ Reissue

Principal or Direct Supervisor Signature _____ Date _____
Title _____

End of School Year Check Out

Verify Keys/Key Card Yes ___ No ___

Employee Int ___ Supervisor Int ___

Official Use Only

Date Issued _____

By _____

Entered by _____

KEY RETURN

Return Date _____ By _____

Return Reason _____

Key not returned:

Lost ___ Stolen ___ Broken ___ Other ___

Explain Circumstances: _____

Amount due district for replacement _____

Paid Date _____ Check# _____ Cash _____

ACCIDENT REPORT
PHILOMATH SCHOOL DISTRICT 17J

DATE: _____

BUILDING: _____

AGE: (Students Only) _____

SEX: _____

- ☐ **Check this box if a concussion is possible or suspected**
1. Injured party should be removed from activity and assessed by a health care professional.
 2. Completed Concussion Clearance form is required, with a health care provider's signature and appropriate administrator's signature, before the student may resume sports or other physical activities, including P.E.

NAME OF INJURED _____

HOME ADDRESS: _____ PHONE: _____

DESCRIBE INJURY, AND HOW IT OCCURRED: _____

TIME OF ACCIDENT: _____ WHERE _____

WHAT FIRST AID WAS ADMINISTERED, IF ANY? _____

AFTER TREATMENT WHAT PROCEDURE WAS TAKEN?

PARENT CONTACTED _____

PICKED UP BY AMBULANCE _____

KEPT AT SCHOOL _____

PICKED UP BY PARENT _____

CALLED DR'S OFFICE _____

PICKED UP BY ALTERNATE _____

DELIVERED DR'S OFFICE BY STAFF MEM _____

WHO AUTHORIZED THE ABOVE? _____

IF TAKEN TO HOSPITAL, WHICH ONE? _____

NAME OF PHYSICIAN (if applicable): _____

ADDRESS OF PHYSICIAN (if applicable): _____

PHONE # OF PHYSICIAN (if applicable): _____

DID SUPERVISOR-EMPLOYEE WITNESS THE ACCIDENT? _____ IF NOT, WHERE WAS EMPLOYEE OR SUPERVISOR WHEN ACCIDENT OCCURRED? _____

NAME AND ADDRESS OF TWO WITNESSES:

Name _____ Address _____

Name _____ Address _____

GIVE YOUR OPINION AS TO THE CAUSE OF THE ACCIDENT: CARELESSNESS? _____

(Use back side for additional remarks and information)

Signature & Title of Supervisor -or- Employee Completing the Form

Principal's Signature

Supervisor/Employee: Keep one copy for your records, send original to the Building Principal.

- Building Admin Assistant will send the original to the Superintendent's office, with the Principal's signature.
- If a head injury, Building Admin Assistant will also send a copy to the School Nurse.

Athletic Injuries: Turn form in to Athletics Admin Assistant.

- Athletics Admin Assistant will send original to Superintendent's office, with the Principal's signature.
- If a head injury, Athletics Admin Assistant will also send a copy to the School Nurse.

forms/accident report 0218

saifcorporation
400 High St. SE, Salem, OR 97312

For SAIF Customer Use

Area _____
Dept. _____
Shift _____ CC _____

CLAIM NO _____
SUBJECT DATE _____
CLASS _____
DEFAULT DATE _____
EMPLOYER'S ACCOUNT NO _____

Email: saif801@saif.com
Toll-free phone: 1.800.285.8525
Toll-free FAX: 1.800.475.7785

**Report of Job Injury
or Illness**

Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness	2. Date you left work	3. Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	DEPT USE: Emp _____ Ins _____ Occ _____ Nat _____ Part _____ Ev _____ Src _____ 2src _____
5. Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: (from) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (to) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				
<p><i>Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.</i></p>				
11. Your legal name		12. Worker's language preference other than English: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify)	13. Birthdate	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
15. Your mailing address, city, state and zip			16. Home phone	
17. Social Security no. (see back*)		18. Occupation		19. Work phone
20. Names of witnesses				
21. Name and phone number of health insurance company			22. Name and address of health care provider who treated you for the injury or illness you are now reporting	
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(i)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.				
27. Worker signature		28. Completed by (please print)		29. Date

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name: Philomath School District 17J		31. Phone: (541) 929-3169	32. FEIN: 936000208
33. If worker leasing company, list client business name		34. Client FEIN	
35. Address of principal place of business (not P.O. Box): 1620 Applegate Street; Philomath OR 97370		36. Insurance policy no.: 32945	
37. Street address from which worker is/was supervised: _____ ZIP: _____		38. Nature of business in which worker is/was supervised: Schools-Education	
39. Address where event occurred		41. Class code	
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. OSHA 300 log case no:	
45. Date employer knew of claim	46. Worker's weekly wage: \$ _____	47. Date worker hired	48. If fatal, date of death
49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: _____ Modified Date: _____		50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Employer signature		52. Name and title (please print)	
		53. Date	

801
X801 4/11

OSHA requirements: On the job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800.922.2689, 503.378.3272, or Oregon Emergency Response 800.452.0311, on nights and weekends

801