



## 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](http://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:

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

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

Susan Halliday	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:

Susan Halliday	Superintendent
Bill Mancuso	Director of Finance & Operations
Lillian Edmonds	Executive Assistant/Human Resources, Transportation Coordinator
Jennifer Griffith	TalentEd/Human Resources, Professional Leave Requests, Academic Advancement, Deposits, Grant Accounting
Mary Ackermann	Accounts Payable, P-Cards, Grant Accounting, Fixed Assets, Student Body Funds, Facilities
Megan Caputo	Payroll, Benefits Administration, District Website

**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
Rolando Bazan-Alvarado	Custodian - Philomath Middle
Rich Ruiz	Custodian - Philomath Middle

Martha Arredondo Tejada	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 16<sup>th</sup> of the month through the 15<sup>th</sup> 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 2020/2021 School year will receive their first paycheck on September 30<sup>th</sup>.

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, Leave balances and annual tax statements are also available in the Employee Web Portal. Access the Employee Web Portal from the "Staff Resources - Quick Links" page on the School District webpage. District Office staff can assist with Login to the Web Portal.

## Insurance Benefits

Employees working more than 50% FTE, are eligible for benefits. For eligible employees, benefits begin on the first (1<sup>st</sup>) 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
  - Licensed staff: Life Insurance - \$25,000, AD&D - \$7,500
  - Classified staff: Life Insurance - \$15,000, AD&D - \$7,500
- Optional Life and Long-term Care Insurance for employee, spouse and children
  - Premiums paid by employee, cannot be covered by insurance cap
- Wellness program
- More specific plan information can be found at: [www.OEBBplandocs.com](http://www.OEBBplandocs.com)
- Links to insurance information can also be found on the Benefits tab of the Staff Resources page on our district website here: <https://www.philomathsd.net/about/staff-resources>

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 new hire 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, and are located on the "Staff Resources - Benefits" page on the district website.

**2020/2021 School Year Insurance Cap Contributions per month (1.0 FTE)**

<b>Licensed</b>	<b>\$975</b>
<b>Classified</b>	<b>\$1,025</b>

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.

**2020/2021 School Year Opt-Out Incentives per month (1.0 FTE)**

<b>Licensed</b>	<b>\$300</b>
<b>Classified</b>	<b>\$75</b>

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](http://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.

## Optional Retirement Savings Opportunities

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

### [2020 - 403b and 457b Annual Announcement](#)

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](http://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", or can be found in the offices at each building.

Where do I find \_\_\_\_\_?

	<b>Web Portal</b>	<b>TalentEd Records</b>	<b>District Website</b>
<b>Information Available</b>	<ul style="list-style-type: none"> <li>● Employee pay receipts and paycheck calculator</li> <li>● Annual Tax Statements</li> <li>● Leave balances</li> </ul>	<ul style="list-style-type: none"> <li>● New Hire Checklists</li> <li>● Contracts</li> <li>● Work Calendars</li> <li>● Bargaining Agreements</li> <li>● Update employee information using “Blank Docs” (address, tax withholding, direct deposit)</li> <li>● Insurance enrollment forms</li> </ul>	<ul style="list-style-type: none"> <li>● Staff Resources                             <ul style="list-style-type: none"> <li>○ Help Desk</li> <li>○ Quick Links</li> <li>○ Tech Help</li> <li>○ Benefit information</li> <li>○ Forms                                     <ul style="list-style-type: none"> <li>■ Reimbursement</li> <li>■ Field Trip</li> <li>■ Leave requests</li> <li>■ College Credit/Seat Hour Requests</li> </ul> </li> </ul> </li> <li>● Board Policies</li> <li>● School Information</li> <li>● Staff Directory</li> </ul>
<b>Location</b>	<a href="https://bis.lblesd.k12.or.us/philomath/">https://bis.lblesd.k12.or.us/philomath/</a>	<a href="https://philomath.tedk12.com/so/Account/Login?pid=9">https://philomath.tedk12.com/so/Account/Login?pid=9</a>	<a href="https://www.philomathsd.net/">https://www.philomathsd.net/</a>

## 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 [College Credit/Seat Hour/Tuition Reimbursement request form](#) 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 [College Credit/Seat Hour/Tuition Reimbursement request form](#) 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 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) \_\_\_\_\_

	<b>Estimated Cost</b>	<b>Actual Cost</b>
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
							\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
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						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 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:**

\_\_\_ Sick

\_\_\_ Personal

**Other Leave:**

\_\_\_ Compensatory Time

\_\_\_ Vacation

\_\_\_ 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	<b>DEPT USE:</b> 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)				
<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>				
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: <b>Philomath School District 17J</b>		31. Phone: <b>(541) 929-3169</b>	32. FEIN: <b>936000208</b>
33. If worker leaving company, list client business name:			34. Client FEIN:
35. Address of principal place of business (not P.O. Box): <b>1620 Applegate Street; Philomath OR 97370</b>			36. Insurance policy no.: <b>32945</b>
37. Street address from which worker is/was supervised:		ZIP:	38. Nature of business in which worker is/was supervised: <b>Schools-Education</b>
39. Address where event occurred:			
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			41. Class code:
42. Were other workers injured? <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	
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: <input type="checkbox"/> Modified Date: <input type="checkbox"/>		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:	

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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.

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