

REPORTING A WORKERS' COMP ACCIDENT (Employee's Statement)

NAME _____ DATE OF INJURY _____

TIME OF INJURY _____ TIME EMPLOYEE BEGAN WORK ON THIS DAY _____ AM/PM

SICK LEAVE USED _____ (Does not include Doctor's Appointment)

Weather Conditions at Time of Accident _____ Type Shoes Worn _____

Witnesses to the Accident (please list) _____

Please explain how, when and where the accident occurred, the injuries received, and body parts affected:

(If additional space is needed, please attach a separate sheet.)

Is the employee in need of medical care at this time? _____

I HAVE READ THE ATTACHED INFORMATION, AND I UNDERSTAND THE RULES SET OUT TO BE FOLLOWED IN THE HANDLING OF MY CLAIM.

Signature of Employee

Date

Investigation (To be completed within 24 hours of employee injury)

Describe the incident (what happened) and the cause of the incident (why it happened).

List follow-up action, if any (What have you done or what recommendations do you have to prevent a recurrence of a similar accident?) _____

Has it been done? _____ If not, why? _____

Other comments _____

Signature of Administrator/Designee Completing Report

Date

REPORT ALL WORKPLACE ACCIDENTS/INJURIES TO YOUR SUPERVISOR

USE OF LEAVE

If you lose time from work, you may choose one of the following:

- a. Elect to take earned sick leave during the required waiting period, then go on workers' compensation leave, and begin drawing workers' compensation weekly benefits.
- b. Elect to go on workers' compensation leave with no pay for the required waiting period, and then begin drawing workers' compensation weekly benefits.
- c. Elect to supplement the workers' compensation weekly benefits with the use of partial earned sick leave in accordance with the State Board of Education Workers' Compensation Policy.

WAITING PERIOD

No compensation shall be paid for the first seven days of disability, unless the disability continues for more than 21 days. (Sick leave may be used for the first seven days.)

WORKERS COMPENSATION RATE

Two-thirds of your average weekly wage during the 52 weeks preceding the date of the injury not to exceed the maximum established rate by the N.C. Industrial Commission.

MEDICAL SERVICES – REFERRALS

You will be directed to Family Medicine Associates. You may not change doctors, unless you are referred to another doctor by the last treating physician, or obtain approval from the carrier (call Central Office), or the NC Industrial Commission.

NURSING SERVICES

Nursing services are provided only at the request of the treating physician. NOTE: Housekeeping services in your home and/or child care are not considered nursing care.

PRESCRIPTION DRUGS

Prescription drugs must be filled at People's Drug Store. For reimbursement of prescription drugs filled at another pharmacy, Form 25P must be completed. The form must include the name of the doctor, name of the drug, and claimant's social security number. All receipts must be attached.

TRAVEL

Employees are entitled to mileage reimbursement for medical treatment beyond a 20 mile radius (round trip) from the point of origin (Form 25T must be completed for reimbursement).