

ST. CLAIR COUNTY BOARD OF EDUCATION

ON-THE-JOB INJURY

Procedures for ON-THE-JOB INJURY CLAIMS

- The ON-THE-JOB INJURY FORM must be completed within 24 hours.
 - Any exceptions must be extraordinary in nature,
 - Determined on a case by case basis, and
 - Approved by the personnel director and chief school financial officer.
- If the employee is off due to their injury received while ON-THE-JOB, the PHYSICIAN CERTIFICATION FORM must be turned in to the payroll department within two (2) business days of the injury along with a doctor excuse.
 - Any exceptions must be extraordinary in nature,
 - Determined on a case by case basis, and
 - Approved by the personnel director and chief school financial officer.
 - A PHYSICIAN CERTIFICATION FORM is required for each subsequent doctor visit as long as the employee is off work.
 - Original signature is required from a medical doctor.
- The ON-THE-JOB INJURY REPORT and PHYSICIAN CERTIFICATION FORM will be reviewed by the chief school financial officer.
- The board reserves the right to require additional information as well as requirement of the employee to see a doctor of the board's choosing. If requested, this will be paid by the board.
- The employee will receive one of the following if requesting time off for the ON-THE-JOB injury:
 - Approval of the on-the-job absence,
 - Employee is required to provide additional information, or
 - Absence is not approved as an on-the-job injury.
- The employee will receive notification of receipt of the on-the-job injury form if the employee is not requesting time off.
- Employee's Leave:
 - Once an on-the-job injury claim is approved, leave shall not be deducted from the employee if absence from work is found to be a result of an on-the-job injury. Days requested as on-the-job injury will not be considered until all requested documentation has been provided. Days claimed as a result of a repetitive or pre-existing injury will not be granted.
- ~~in Workman's Compensation~~ in Workman's Compensation. Claims will need to be filed under employees insurance and reimbursement can be requested.
- If employee is requesting reimbursement for out of pocket expenses, the claim must be filed directly with the Board of Adjustment. Forms can be downloaded at www.bdadj.alabama.gov.

SUBMIT ALL FORMS TO YOUR DIRECT SUPERVISOR

ON-THE-JOB INJURY REPORT

This form must be completed with your supervisor within 24 hours of injury

Name of Injured Employee	Last 4 digits of Soc Sec # XXX-XX-_____	Date of Birth ____/____/____	Gender M F
Home Address	Phone (H) _____ (C) _____	Work Location	Job Title
Did employee seek medical treatment as a result of this injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, are you requesting time off for the on-the-job injury? <input type="checkbox"/> YES how much time? _____ <input type="checkbox"/> NO		
Type of Treatment Received: <input type="checkbox"/> Emergency Room <input type="checkbox"/> Medical/Physician Office <input type="checkbox"/> Hospitalized <input type="checkbox"/> Paramedics <input type="checkbox"/> None			
Date of Injury ____/____/____	Time of Injury ____:____	Date Supervisor Notified ____/____/____	
City or Town where injury occurred		Location or place where injury occurred	
Is Employee covered by medical insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Type of insurance	
Name, address and telephone number of attending physician? (if applicable)			
Name, address and telephone number of medical facility where treated? (if applicable)			
Do you feel this injury was caused while fulfilling the duties of your job? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Describe in detail what happened to cause the injury:			
Indicate specific body part(s) affected:			
List any witnesses to the injury. Attach a brief signed and dated statement from each witness.			
Signature of injured person			Date
Name of supervisor	Signature of Supervisor	Daytime Phone	Date

Our school system DOES NOT participate in Workman's Comp Insurance. Please bill under employee's insurance. They will be able to request reimbursement with Alabama State Board of Adjustment.

RETURN FORM TO: Tammy Allred ST. CLAIR COUNTY BOARD OF EDUCATION
175 College St. Odenville, ALABAMA 35120
PHONE 205-594-7131, EXT. 2213 FAX 205-594-4202 payroll@sccboe.org

