

# Cecil County Public Schools

201 Booth Street, Elkton, MD 21921

## EMPLOYEE'S INCIDENT/INJURY/ILLNESS REPORT IMPORTANT – COMPLETE ALL SECTIONS

This form must be filed with the employee's supervisor immediately following the incident, and within 72 hours.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Status: F/T \_\_\_\_\_ PT \_\_\_\_\_ SUB \_\_\_\_\_  
School Name and Mailing Address: \_\_\_\_\_ School Phone No.: \_\_\_\_\_

Date of Injury/Incident: \_\_\_\_\_ Time of Injury/Incident: \_\_\_\_\_  
Date Reported: \_\_\_\_\_ Individual Notified: \_\_\_\_\_  
Time Employee Began Work: \_\_\_\_\_ Where Incident Occurred: \_\_\_\_\_  
Name(s) of Witness(es) to Incident: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_  
Kind & Extent of Injury (be specific – right hand, index finger, etc.): \_\_\_\_\_

Description of incident (be as specific as possible): \_\_\_\_\_

Medical Treatment Required: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give name, address, and phone number of doctor or hospital: \_\_\_\_\_

Describe any medical treatment received and/or scheduled to be received: \_\_\_\_\_

Did you remain on the job? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is the expected return to work date?: \_\_\_\_\_

First Day of Absence: \_\_\_\_\_ Was there equipment malfunction?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENT IS CORRECT.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**Distribution:** Original to the Benefits Office  
Copy to Employee  
Copy for School File

Please see "Employee's Workers' Compensation Guidelines" on the reverse side of this form.

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### EMPLOYEE'S WORKERS' COMPENSATION GUIDELINES

#### What do to:

1. Report the incident immediately to your Supervisor.
2. Complete and sign "Employee's Incident/Injury/Illness Report" form and return to your immediate supervisor.
3. ***If medical treatment is needed***, please note the following:
  - a. You may go to Concentra North East (next to the Food Lion in NE,MD) (410) 620-5424, or you may make an appointment with your personal physician *if they accept WC*.
  - b. You should use a participating physician with your health care plan\*.
  - c. Physicians outside of the state of Maryland are not required to accept the established Maryland Workers' Compensation fee schedule and may balance bill the employee for amounts above the Maryland fee schedule for services rendered.
  - d. Be sure to tell the physician that your visit is for a work-related incident/injury/illness.
  - e. Authorization for specialist visits or testing must be received by your workers' compensation adjuster in advance.
  - f. **Follow-up appointments and physical therapy treatments are to be scheduled outside of your duty day.**
4. Do not use your health insurance for any visits; this includes your prescription card. All medical bills are to be sent directly to **MABE Claims Unit, 621 Ridgely Ave., Suite 301, Annapolis, MD 21401-1087. Phone Number: (800) 944-9082.**
5. ***If you miss time from work***, contact your supervisor immediately, and you must submit disability verification from your physician indicating the reason and length of time you will be required to take off due to your work-related incident. Be sure to enter any days you will miss from work into Absence Management.
6. You must provide a physician's certificate to your supervisor when your physician releases you to return to work.
7. If you have any questions, contact the Benefits Office (410) 996-5413.
8. Eligible employees may receive up to 45 days of Workers' Compensation (WC) leave if the incident/injury/illness is ruled compensable. Please refer to your Negotiated Agreement for specific information.
9. General Assistants, Substitutes, Volunteers, Temporary, and Per Diem employees are not eligible for this 45-day leave benefit. They may be compensated directly through the WC fund, following a 3-day waiting period.

***\*If the claim is denied as WC, the Payroll Office will adjust the employee's leave according to the time lost, and WC will deny all medical bills. Therefore, the employee will be responsible for forwarding the denied bills to his/her appropriate health care carrier. If care is received outside of your health care network, you may be responsible for the expenses incurred.***