

NEW TEACHERS' ORIENTATION

2025-2026 SCHOOL YEAR

Human Resource Services

Ms. Susette Chavez, Director

Mr. Kyle Ruppel, Supervisor

On-Boarding

- Your Human Resources Coordinator will ensure that your on-boarding experience is smooth. Once your personnel packet is completed, you will:
 - Sign your contract
 - Enroll in HB and Pension
 - Obtain your District ID and register with Technology to gain access to your District email, Google login and Employee Edu-Met Portal.
- A certification overview will be emailed to you by your assigned HR Partner.
- New IDs are issued in Human Resources. Misplaced or Non-functioning badges can be replaced by contacting the Security Office at 973-321-0801.

Alt. Route: Prior to and Upon Employment

- 50-Hour Verification Form must be provided to our office prior to signing your contract.
- Paterson Public Schools will enroll you in the Provisional Teacher Process, **60 day** requirement from date of employment.

Certification – Novice Teachers

CE / Limited CE Holder

- Obtain employment
- Provisional License issued – Valid for 2 school years
- Mandatory 30 weeks of mentoring. Payment depends on program selected
- **Formal instructional hours and/or credits must be earned**
- 2 years of effective evaluations
- Eligible for standard after all requirements are met

CEAS Holder

- Obtain employment
- Provisional License issued – Valid for 2 school years
- Mandatory 30 weeks of mentoring. Payment depends on program selected
- 2 years of effective evaluations
- Eligible for standard after all requirements are met

If requirements are not met by the expiration of the Provisional Certificate, a renewal may be requested. Supporting documentation (**proof of coursework**) will be required for Alternate Route (CE) teachers. Sheilee Chocolatl, our HR Recruiter, will work with you to ensure all parties are in compliance.

Mentoring

Novice and Level II

Novice Teacher

- Any teacher who does not hold a Standard teaching license
- Principal assigns the mentor to the novice teacher
- Mandatory – one of the Provisional Teacher Requirements
- Payment to the Mentee is required - the amount depends on the program enrolled. \$550.00 or \$1,000.00 over the course of 30 weeks

Level II

- Experienced teachers who hold at least one Standard license who is new to the District
- Professional Development/Mentor will inform the new teacher
- Suggested but not mandatory Mentoring for Level II is voluntary, and payment will not be rendered
- Duration: full school year

HR Partners

LEIDY MORA LOPEZ - 12306 JELANI AWAI - 10620			BRIGITTE FONTALVO - 10622 ROXENY ARAUJO - 10627			JENNIFER DEL CONTE – 10861 Mayra Avila - 10613		
UNIT I – DR. DAVID COZART			UNIT II – MS. NAHED BADAWY			UNIT III – DR. CICELY WARREN		
SCHOOL	PRINCIPAL	TELEPHONE	SCHOOL	PRINCIPAL	TELEPHONE	SCHOOL	PRINCIPAL	TELEPHONE
No. 2	Dr. Vanessa Serrano	(973) 321-0020 (973) 321-0021	No. 1		(973) 321-0490 (973) 321-0491	School No. 5	Richard Sanducci	(973) 321-0050 (973) 321-0051
No. 8	Gisela Adorno	(973) 321-0080 (973) 321-0081	No. 10	Dr. Tiffany McBride (Interim)	(973) 321-0100 (973) 321-0101	School No. 7	Pamela Powell	(973) 321-0070 (973) 321-0071
No. 9 Charles J. Riley	Dominico Carriero	(973) 321-0090 (973) 321-0091	No. 15	Ramona Garcia	(973) 321-0150 (973) 321-0151	School No. 12	Boblyn Ranger-Dobbs	(973) 321-0120 (973) 321-0121
No. 13	Nicole Booker	(973) 321-0130 (973) 321-0131	No. 16	Nancy Tavarez-Correa	(973) 413-2700	School No. 19	Dewitt Evering	(973) 321-0190 (973) 321-0191
No. 20	Michael Hill	(973) 321-0200 (973) 321-0201	No. 18	Deyanira Cartagena	(973) 321-0180 (973) 321-0181	School No. 27	Kelli White	(973) 321-0270 (973) 321-0271
No. 24	Dr. Florita Cotto	(973) 321-0160 (973) 321-0161	No. 21	Edgard Nieves	(973) 321-0210 (973) 321-0211	School No. 28	Nancy Castro	(973) 321-0280 (973) 321-0281
No. 25	Antoinette Young	(973) 321-0250 (973) 321-0251	No. 26	Derrick Hoff	(973) 321-0260 (973) 321-0261	Alexander Hamilton Academy	Cosmo Braico	(973) 321-0320 (973) 321-0321
Anna Iandoli Early Learning Ctr	Stanley Sumter	(973) 321-0160 (973) 321-0161	EWK	Jose Correa	(973) 321-0330 (973) 321-0331	Dale Avenue School	Rebecca Cecala	(973) 321-0410 (973) 321-0411
Dr. Hani Awadallah	Bridget Naveira	(973) 413-2600	NRC Newcomers Prg.	Sham Bacchus	(973) 321-0240 (973) 321-0241	School No. 4	Derwin Smith	(973) 321-0040 (973) 321-0041
Dr. Martin Luther King, Jr. Educational Complex	Dr. Jalyn E. Lyde	(973) 321-0300 (973) 321-0301	RC	Carlia Rodriguez (Interim Principal)	(973) 321-0340 (973) 321-0341	Joseph A. Taub School	Dr. Jorge Ventura	(973) 321-0700 (973) 321-0701
Young Men's Academy	Marc Medley	(973) 321-2380 (973) 321-2381	SFLS/No. 6	Althea Brown	(973) 321-0060 (973) 321-0061	NSW	Grace Giglio	(973) 321-0750 (973) 321-0751
UNIT IV – DR. MELISSA ESPANA			UNIT IV – DR. MELISSA ESPANA			UNIT IV – DR. MELISSA ESPANA		
Eastside High School	Dr. Dorothy Douge	(973) 321-0510 (973) 321-2418	ATAM	Nicole Payne	(973) 321-0110 (973) 321-0111	JFK	JoAnne Riviello	(973) 321-0500 (973) 321-0505
Paterson Adult & Continuing Ed.	Amod Field	(973) 321-0571 (973) 3231-1000 Ext. 27623	HIS	Dr. Catherine Forfia	(973) 321-2280 (973) 321-2282	Paterson P-Tech	Dr. Charla Holder	(973) 321-2290 (973) 321-2291
			Newcomer HS	Miguel Sosa	(973) 321-2531 (973) 321-0761 x27610	Paterson STEAM	Dr. Nellista Bess	(973) 321-0560 (973) 321-0561
			STARS	Dr. Nellista Bess	(973) 321-0568 (973) 321-0567	RPHS	Kaela Quince-McMillan	(973) 321-0520 (973) 321-0521

Leidy Mora Lopez x-12306
Brigitte Fontalvo x- 10622
Jennifer Del Conte x - 10613

Employee Benefits: Staff Attendance, Health Benefits, Tuition Reimbursement & Pension

Mrs. Lynette Gonzalez, Director

Mrs. Marcel J. Javier, Supervisor

Tuition Reimbursement

- Eligibility:
 - An employee must hold a standard to be eligible. Courses taken for initial certification or degree are not eligible
- Applications:
 - Applications for course approval can be made during any semester, including summer sessions. Rate: Up to 3 courses per contract year
 - Application deadline shall be submitted before the beginning of the course, within 5 days following the first class
 - Approval based on 1st come 1st served
 - Applications are found at 90 Delaware Ave., Security Desk
- More info on District Website under Department of Human Resources Webpage or call 973-321-0711

Attendance at a Glance

New employees are eligible for 1 sick day and .5 personal day per month of employment for a total of 10 Sick, 5 Personal, and 2 Family Illness days. All unused sick and personal days are carried over into sick days the next year.

Attendance Incentives for Paterson Education Association

Perfect Attendance: Employees with zero (0) absences receive a \$500.00 stipend per semester or \$1,000.00 annually. Employees eligible to receive the Perfect Attendance Incentive may not have had any days deducted from their sick/personal day bank.

Sick Days Buy back: Employees who have completed three (3) years of active service and have accrued no more than (3) absences (Excluding earned and approved vacations, family illness, or storm days), can purchase up to ten (10) unused sick days during the school year.

Leaves of absences are available as needed:

Medical- using available days

Maternity & Childcare

FMLA -weeks of unpaid leave with health benefits

NJFLA-paid leave via state benefits (12 weeks) for caregiving

Sabbatical Leave - *Minimum of seven years in the district*

- Paid half salary for one school year
- Full health benefit coverage
- Full pension credit
- Sick and personal days accrue

Professional Development: Attendance for conferences and workshops are an excused absence if they have been approved by all parties

Attendance Recording

- All PEA members who require substitute coverage must report their absence by either calling or entering their absence through the Absence Management (FRONTLINE) website. Notify your administrator, supervisor, and timekeeper if planning to be absent, and must indicate what type of absence will be taken (Personal Day, Sick Day, etc.).
- Non-accumulated days, such as District Testing, In-Service, Field Trip, and Professional Development, will be entered by your timekeeper and approved by your HR Unit Partner.
- Your FRONTLINE Username and Pin will be sent to your district email upon completion of the onboarding process.
- You can record your absence by calling the Frontline automated system at (800) 942-3767 or entering it online before 7:15 am the day of the absence. *It is a common courtesy to call both Frontline and contact the administrator directly.*
- Please email ppsaesop@paterson.k12.nj.us if further assistance is needed.

Health Benefits and Waiver

The benefits you may be eligible for as an employee of Paterson Public Schools are extensive and include Medical/Prescription/Dental/Vision. You must enroll in the health plan or waive within 60 days of hire.

PEA members who are not in the health insurance plan offered by the District and are covered by an outside insurance are eligible for health benefits waiver payments.

- Completed waiver payment application, and proof of coverage evidence will be requested twice a school year. Two submissions are required.
 - During October open enrollment. This submission is for the December payment.
 - Again in April. This submission is for the June payment.
- To receive a waiver payment, the eligible employee must:
 - Complete the Health Coverage Waiver Form
 - Complete the Health Benefits Application Form (checked the Waiver box)
 - Provide proof of other insurance and the level of coverage (family, single, etc.)
 - The waiver must be accepted by the Health plan as evidenced by the Health plan's monthly Waiver Report.
- All waiver payment applications and proof of coverage can be either:
 - Hand delivered to the front desk of human resources. You are responsible for obtaining a receipt.
 - Emailed to healthwaiver@paterson.k12.nj.us. A receipt will be emailed to you.

Employee Services Contacts

Mrs. Lynette Gonzalez, *Director of Employee Services* 973-321-0745

Mrs. Marcel J. Javier, *Supervisor of Staff Attendance, Health Benefits, and Pension* 973-321-0743

HEALTH BENEFITS OFFICE

Ms. Millie Torres, **A-L** 973-321-2314

Ms. Nicole Steverson, **M-Z** 973-321-0827

ppshealthbenefits@paterson.k12.nj.us

STAFF ATTENDANCE OFFICE

Ms. Maria Cobian, **A-L** 973-321-2429

Ms. Sharon Barbaro, **M-Z** 973-321-2310

staffattendance@paterson.k12.nj.us

ACCOUNTANT

Ellen Volkomer, 973-321-2456

PENSIONS OFFICE

Ms. Esther Boone, 973-321-0603

TUITION REIMBURSEMENT

Gleny Gaines, 973-321-2452

General Questions, please email

humanresources@paterson.k12.nj.us

Health Benefits Contacts

- Fairview: PPSEmployeehelpline@fairviewinsurance.com
 - Jackie Ortiz, 973-559-5114
 - Imelda Mora, 973-857-0870
- Meritain Health (Medical): (800) 925-2272, WWW.MERITAIN.COM
- CVS Caremark (Prescription): (888) 964-0131, WWW.CAREMARK.COM
- Delta Dental: (800) 452-9310, WWW.DELTADENTALNJ.COM
- Vision Service Plan (VSP): (800) 877-7195, WWW.VSP.COM

AFFIRMATIVE ACTION

Mrs. Houry Yeganeh
Affirmative Action Officer

WHAT IS AFFIRMATIVE ACTION?

State and Federal Laws that are implemented for the purpose of eliminating discrimination in educational and employment opportunities.

AFFIRMATIVE ACTION MISSION

The mission of the Office of Affirmative Action and Equal Opportunity Programs is to provide central leadership and support for the School District's efforts to achieve an educational and work environment that is diverse in race, ethnicity, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, or any other legally protected class status as well people of all interests, abilities and perspectives. The Paterson Public Schools prohibits acts of harassment, intimidation, or bullying. A safe and civil environment in schools is necessary for pupils to learn and achieve high academic standards. The office will ensure the implementation of equal opportunity, affirmative action, and non-discrimination policies through education.

FEDERAL LAWS

- TITLE VI

- Title VI prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance.

- TITLE VII

- Title VII prohibits employment discrimination based on race, color, religion, sex and national origin.

- TITLE IX

- Title IX prohibits discrimination, harassment or assault based on sex, gender, or sexual orientation.

The New Jersey Department of Education prohibits discrimination based on the following protected categories (“Protected Classes”):

- **Race**
- Creed
- Religion
- **Color**
- **National origin/nationality**
- Ancestry
- Age
- Sex/gender (including pregnancy)
- Marital status/civil union partnership
- Familial status
- Affectional or sexual orientation
- Gender identity or expression
- Domestic partnership status
- Atypical hereditary cellular or blood trait
- Genetic information
- Disability (including perceived disability, physical, mental and/or intellectual disabilities)
- Liability for service in the Armed Forces of the United States.
- Sexual Harassment
- Hostile Workplace Environment

EMPLOYMENT LAW

New Jersey Law Against Discrimination

Prohibits discrimination and harassment in the workplace and other places of accommodation, including schools, based on:

Race

Color

Age

Marital Status

Nationality

Creed

Disability

Religion

Ancestry

Familial Status

National Origin

Sex/Gender (including pregnancy)

Affectional/Sexual Orientation

Liability to the armed forces

Domestic Partnership Status

COMPLIANCE

Affirmative Action related PD and Information:

- Email communication including PPT
- Onspire mandatory online training
- Building-based Affirmative Action representative's presentation
- On-going as needed
- Affirmative Action policies -

<https://www.paterson.k12.nj.us/departments/human-resources/affirmative-action>

AFFIRMATIVE ACTION COMPLAINT FILING PROCEDURE

How to file an Affirmative Action Complaint:

- Provide a detailed written statement including
 - Allegation, location, time, and date
- Provide a list of witnesses
- Provide any additional supportive information to your allegation

Submit via inter-office mail/drop off to:

Houry Yeganeh, Affirmative Action Officer
90 Delaware Avenue, Legal Suite, 2nd Floor
Paterson, NJ 07503

Tel: 973-321-2397 or extension 12397 Fax: 973-321-0399

Email: hyeganeh@paterson.k12.nj.us

LEGAL DEPARTMENT

MR. BORIS ZAYDEL, ESQ.
DISTRICT COUNSEL

Role of Legal Department

1. Governance, compliance, counsel, and litigation.
2. Risk management and Worker's Compensation claims.
3. Affirmative Action investigations.

Risk Management – Christina Llano (Boris Zaydel)
Affirmative Action Officer – Houry Yeganeh

Governance and Compliance

- Develop and review policies and regulations
- Prepare contracts, leases, and board resolutions
- Respond to public records requests (OPRA)

Litigation Management

- Vendor disputes
- Special education
- Employment practices
- Tenure charges

Legal Advice and Counsel

- Superintendent and school board
- District-level administrators
- School administrators

Hot Topics

1. Student records laws and policies.
2. AA/HIB investigations – which one applies?
3. Title IX.

Student Records

Family Educational Rights and Privacy Act (FERPA)

See Board Policy [8335](#)

New Jersey Pupil Records Act (NJPRA)

See Board Policy [8330](#) and Regulation [8330](#)

- Federal law allows schools to disclose student records in response to a “lawfully issued subpoena” or court order, but NJ law is more restrictive and allows disclosure only “upon the presentation of a court order” or written consent by the parent or student.
- Employees must keep student records secure to prevent unauthorized disclosure, and return all student records to school upon termination of employment.

AA/HIB Investigations

Affirmative Action Officer – Houry Yeganeh
HIB Coordinator – Nicole Payne

Complainant (victim)	Respondent (perpetrator)	Grievance Procedure
Employee	Employee	AA
Employee	Student	AA
Student	Student	HIB
Student	Employee	HIB

Complaints alleging criminal acts will be reported to law enforcement, and allegations of child abuse or neglect will be reported to child welfare authorities. See [Policy 8462](#) & [Regulation 8462](#), Reporting Potentially Missing or Abused Children:

[Any person] working in the school district shall immediately notify designated child welfare authorities of incidents of alleged missing, abused, or neglected children, by calling the New Jersey State Central Registry (SCR) at 1-877 NJ ABUSE If the child is in immediate danger a call shall be placed to 911 as well as to the SCR.

Title IX

- Prohibits harassment, discrimination, or assault based on sex, gender, or sexual orientation.
- Any school employee who receives a complaint of sexual harassment or is aware of behavior that could constitute sexual harassment must report that information to the Title IX Coordinator.
- District is required to offer supportive measures. “Supportive measures” are non-disciplinary, non-punitive, individualized services offered as appropriate, as reasonably available, to the complainant, respondent, or witnesses.

Sexual Harassment/Discrimination/Violence Complaints

- Any person may report sex discrimination, including sexual harassment using the contact information listed for the Title IX Coordinator.
- Must promptly contact the complainant (victim) to discuss the availability of supportive measures and explain the process for filing a formal Title IX complaint.
- Must send written notice of allegations, including date/time of incident, stating respondent is presumed innocent and both parties can use an advocate and inspect relevant evidence.
- Complaints will be investigated and resolved through HIB or Affirmative Action process, unless a written Title IX complaint form is filed.

Title IX Grievance Process

- The Title IX Coordinator or his/her designated investigator will investigate the allegations in a formal complaint.
- Investigator will prepare a report within thirty (30) days after receiving the complaint and will send it to each party for review/response at least ten (10) days before a determination is made. Each party will then have five (5) business days to submit written, relevant questions that it wants asked of any party or witness.
- The decision-maker will issue a written determination no later than sixty (60) days after the complaint is filed.

Title IX Coordinator

Boris Zaydel, Esq.
90 Delaware Ave.
Paterson, NJ 07503

973-321-0641

titleix@paterson.k12.nj.us

Workers' Compensation

Report any injury to Nurse/Administrator – they will evaluate if emergent treatment is needed. Provide first aid (nurse only), if appropriate; will call for emergency medical response.

Any and all reporting must be documented.

1. Authorization form

ONLY FACILITY PERMITTED to use is the **Immedicenter located at 160 Union Boulevard in Totowa.**

must be filled even if you are not looking for treatment outside of nurse's first aid.

2. Incident/Accident report

must be filled with your Administrator even if you are not looking for treatment.

(if you reported it you must document it)

FORMS

Any and all reporting must be documented

Reporting and submitting documents for accidents and injuries must be taken with immediate action.

Paperwork should be filled out prior to employee leaving the building for treatment

PATERSON PUBLIC SCHOOLS
Workers Compensation Treatment Authorization
First Report

Name: _____ School: _____
(Last) (First) (Location)
Position Title: _____ Social Security Number: _____
Date: _____ Time: _____ Location: _____
Description: (Be Specific; How? Where? What Occurred?)

(Employee Complaints? Injuries Observed?)

Date Reported: _____ Medical Provider Authorized: _____
Provider: (Name & Address) _____
Signature: _____ Date: _____
(Nurse, Supervisor or Principal)
↑
TOP PORTION TO BE COMPLETED BY NURSE, SUPERVISOR OR PRINCIPAL
↓
LOWER PORTION TO BE COMPLETED BY INJURED EMPLOYEE
↓
List all injuries or conditions, you claim as a result of the above incident:

List all witnesses: (Fellow employees, students, etc.)

Employee Signature: _____ Date: _____
White Copy: (Remains with Medical Provider as Authorization) Yellow Copy: (Work Location Timekeeper)
Pink Copy: (Retains for School Records)
Medical Provider: Return copy of authorization with all bills
S2 314

PATERSON PUBLIC SCHOOLS
EMPLOYEE INCIDENT/ACCIDENT REPORT
2024/2025

Received by Risk Management:
stamp _____

PART I – TO BE COMPLETED BY EMPLOYEE (IN PRESENCE OF ADMINISTRATOR)

1. Last Name	First Name	Middle Initial
2. Home Phone #		School Telephone #
3. Home street address (P.O. Box not accepted):		
4. City:	State:	Zip Code:
5. Date of Birth:	Last 4 digits SSN: xxx-xx-	
6. Date of Hire:	Sex:	M F
7. Occupation/Job Title:		
8. Marital Status:		
9. Annual Wage Rate/Specify 10 or 12 month employee:		
10. School/Building Location Where Employed:		
11. Date of Injury or Illness:		
12. Time Employee Began Work on Date of Injury or Illness:	AM	PM
13. Time of Injury or Illness:	AM	PM
14. Name of Administrator to whom employee reported Injury/Illness:		
15. Date Employer was Notified of Injury or Illness:		
16. Specific Location Where Injury or Illness Occurred:		
17. Specific Activity Employee was Engaged in When the Injury or Illness Occurred:		
18. How did the injury or illness occur? Describe the sequence of events and describe any objects or substances that directly injured the employee or made the employee ill.		

19. Describe the Injury/Illness- What parts of your body were hurt, and in what parts of your body do you currently feel pain.

20. Have you had treatment in the past for the same or similar medical conditions? yes no
20a. If yes, please provide the name and address of the treating physician(s) for this condition. List any medications you are or were taking for this condition/injury.

21. Have you been treated in the past by a chiropractor? yes no
21a. If yes, please provide the name and address of the chiropractor(s)

22. Have you filed any workers' compensation claim(s) in the past for the same or similar medical condition? yes no
22a. If yes, please provide the details of the previous claim(s):

23. Have you been injured in the past in any motor vehicle collisions? yes no
23a. If yes, please provide the details of the accident, date, and the nature of the injury and treatment:

24. Do you have any employment outside of the district? yes no
24a. If yes, please list the names and addresses of these employers:

25. Do you currently (in the past 12 months) participate in any athletic or sporting activities? yes no
25a. If yes, please list the activities you participate in:

26. Please list your primary care physician and his/her address:

27. List Names of All Witnesses to the Incident and School/Building Phone Number


I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO DISCIPLINARY ACTION.

EMPLOYEE SIGNATURE: _____ DATE: _____

ADMINISTRATOR: _____ DATE: _____

WC Treatment Authorization form

ONLY FACILITY PERMITTED to use is the **Immedicenter located at 160 Union Boulevard in Totowa.** This must be filled even if employee is not looking for treatment outside of nurse's first aid.



PATERSON PUBLIC SCHOOLS

Workers Compensation Treatment Authorization
First Report

Name: _____ School: _____
(Last) (First) (Location)

Position Title: _____ Social Security Number: _____
(Last) (First) (Location)

Date: _____ Time: _____ Location: _____

Description: (Be Specific; How? Where? What Occurred?)

(Employee Complaints? Injuries Observed?)

Date Reported: _____ Medical Provider Authorized: _____

Provider: (Name & Address) _____

Signature: _____ Date: _____
(Nurse, Supervisor or Principal)

↑ TOP PORTION TO BE COMPLETED BY NURSE, SUPERVISOR OR PRINCIPAL ↑
 ↓ LOWER PORTION TO BE COMPLETED BY INJURED EMPLOYEE ↓

List all injuries or conditions, you claim as a result of the above incident:

List all witnesses: (Fellow employees, students, etc.) _____

Employee Signature: _____ Date: _____

White Copy: (Remains with Medical Provider as Authorization) Yellow Copy: (Work Location Timekeeper)
 Pink Copy: (Retain for School Records).

Medical Provider: Return copy of authorization with all bills

SZ 3/14

PATERSON PUBLIC SCHOOLS
WORKERS COMPENSATION TREATMENT AUTHORIZATION
FIRST REPORT

NAME: _____ SCHOOL: _____
(Last) (First) (Location)

POSITION TITLE: _____ SOC. SEC. NO. _____

DATE: _____ TIME: _____ LOCATION: _____

DESCRIPTION: (Be specific: How?, Where?, What Occurred?)

(Employee complaints? Injuries observed?)

DATE REPORTED: _____ MEDICAL PROVIDER AUTHORIZED: _____

PROVIDER: (Name and address) _____

Signature: _____ Date: _____
(Nurse, supervisor or principal)

TOP PORTION TO BE COMPLETED BY NURSE, SUPERVISOR OR PRINCIPAL
 LOWER PORTION TO BE COMPLETED BY INJURED EMPLOYEE

LIST ALL INJURIES OR CONDITIONS, YOU CLAIM AS A RESULT OF THE ABOVE INCIDENT:

LIST ALL WITNESSES: (Fellow employees, students, etc.) _____

EMPLOYEE SIGNATURE: _____ DATE: _____

WHITE COPY REMAINS WITH MEDICAL PROVIDER AS AUTHORIZATION
 YELLOW COPY (WORK LOCATION TIMEKEEPER)
 PINK COPY (RETAIN FOR SCHOOL RECORDS)

MEDICAL PROVIDER: RETURN COPY OF AUTHORIZATION WITH ALL BILLS.

Work Status

- It is the responsibility of the employee who is out of work during authorized treatment to immediately notify the office of Risk Management and his/her Administrator of the inability to perform full duty.
- The office of Risk Management together with the Medical Provider and Administrator will determine if the employee can be accommodated and offered a modified duty.

CONTACT INFORMATION

Christina Llano

Worker's Compensation Manager

973-321-0986

cllano@Paterson.k12.nj.us

Cindy Serrano Rosado

Risk Management Assistant

973 321-0987

cserrano@Paterson.k12.nj.us

Located on the 2nd fl of 90 Delaware Avenue

Fax: 973-321-0486