Ashland School District

Employee's Work-Related Injury Report

☐ New Report ☐ Update to Previous Report

Section 1 - Employee Information:

Name: _____

Building & Job Title: _____

Supervisor: _____

Section 2 - Injury Information: (not required for Update to Previous Report)

Date, time and exact location where injury occurred: _____

Type of Injury: *Please check ALL that apply*

- ☐ **Minor Injury** – *no broken skin and no broken bones*
- ☐ **Moderate Injury** – *broken skin but no broken bones*
- ☐ **Severe Injury** – *broken bone, torn muscle, sprain, broken/lost tooth, concussion, etc.*
- ☐ **Skin Disorder**
- ☐ **Poisoning**
- ☐ **Respiratory Condition**
- ☐ **Hearing loss**
- ☐ **Something else.** Please explain: _____

Describe what happened: _____

_____

Do you feel there is anything you can do to prevent recurrence in the future? _____

_____

In your opinion, is there something that the School District could do to prevent this from happening again to you or someone else? _____

_____

Section 3 - Work Attendance Information:

Did you miss any work due to your injury? ☐ Yes ☐ No

If yes, have you returned to work? ☐ Yes ☐ No What date? _____

Number of days you were away from work: _____

If you were absent from work **less than seven days**, please select the type of leave you will use:

☐ Sick Leave # of Days_____ ☐ Personal Leave # of Days_____ ☐ Unpaid Leave # of Days_____

If you were absent from work **more than seven days**, please select your supplemental pay choice:

☐ Supplement with Sick Leave ☐ Supplement with Personal Leave ☐ No Supplement - Unpaid Leave

To Do List:

- ☐ Submit all Medical Documentation (doctor notes, referral, recommendations, etc.) to Kelsey Hopkins upon receipt
- ☐ Notify EMC immediately if your symptoms worsen – Call 844-322-4668
- ☐ Submit this form within 48 hours of your injury, and again if anything changes (update to previous report)

Employee's Signature: **Date:**

***Return to Human Resources within 48 hours of Injury.**

***Complete again with updated information if anything changes.**

Work Comp Coordinator Signature: **Date Received:**

Ashland School District

Employee Handbook - Information on Work Related Injuries

Section 7.7 - REPORTING WORK RELATED INJURY

Any accident that results in an injury, however slight, to an employee of the Board, must be reported within 24 hours of the incident to the EMC On-Call Nurse at (844) 322-4668. The EMC On-Call Nurse in cooperation with the injured employee shall complete a form that includes the date, time, and place of the incident, the names of persons involved, the nature of the injury to the extent that it is known, and a description of all relevant circumstances.

Section 7.8 - RETURN TO WORK PROGRAM

The policies and procedures of the Return-to-Work Program for the School District of Ashland are designed to effectively manage the return to work of recovering employees with minimum time lost. The program is intended to provide our employees with opportunities to continue as valuable members of our team while recovering from work-related injuries.

The School District of Ashland is committed to keeping employees safe and returning injured employees to modified or alternative work whenever possible and as soon as possible after an injury. This may be done by temporarily modifying the employee's regular job or providing the employee with alternative work assignments. The employee's medical condition, along with any limitations or restrictions given by the attending physician, will be considered and followed when identifying appropriate modified or alternative positions.

WI Dept. of Workforce Development – Workers Compensation Division

What does worker's compensation cover?

Medical Benefits - You are entitled to medical, surgical, chiropractic, psychological, podiatric, dental, and hospital treatment, "as may be reasonably required to cure and relieve the effects of the injury."

Wage Benefits - Benefits are equal to 2/3 of your average weekly wage and are non-taxable. Benefits are payable until you reach a healing plateau. Wage benefits are only paid if the claim is validated and if the absence extends beyond the eight days after injury or last day worked. Wage benefits are not paid for disabilities lasting seven days or less.

Mileage Reimbursement - You are eligible to be reimbursed for mileage for travel to obtain reasonable medical treatment. Submit your mileage to the Worker's Compensation Coordinator and it will be sent to the Claims Examiner for payment.

Leave Options

Supplement with PTO - Temporary disability compensation can be supplemented with your accumulated PTO**.** This allows employees to supplement their worker's compensation payment (approximately two-thirds of salary) with approximately one-third PTO so they receive about their normal paycheck.

No Supplement with PTO - An employee may elect to be on leave-without-pay during the period of absence and receive only temporary disability compensation. If this option is chosen, or the employee does not have enough PTO to cover the absence, the employee would not be paid any accrued PTO.