

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

NAME _____ DATE OF INJURY _____

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

DATE REPORTED TO SUPERVISOR _____ INCIDENT LOCATION: _____

Weather Conditions at Time of Accident _____ Type Shoes Worn _____

Witnesses to the Accident (please list) _____

Description of Accident/Incident and why it happened: (Check here if you are using additional pages ____)

Part(s) of the body affected:

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 by Administrator/Designee

Root Cause of the accident and corrective actions to be taken (and when):

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 a provider used by Alexander County Schools; ie. Urgent Care or Taylorsville Family Practice. 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).