

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 contact Pivot Occupational Health at Union Hospital at 410-620-5424, or you may make an appointment with your personal physician.
 - 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: 1-800-944-9082.**
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.