

Cecil County Public Schools
201 Booth Street, Elkton, Maryland 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 ____ P/T ____ SUB ____
School Name and Mailing Address _____	School Phone No.: _____

Date of Injury/Incident: _____	Time of Injury: _____ a.m./p.m.
Date Reported: _____	Individual Notified: _____
Time Employee Began Work: _____ a.m./p.m.	Where Incident Occurred: _____
Name(s) of Witness(es) to Incident: _____	Name of Immediate Supervisor: _____
Kind & Extent of Injury (Be specific (example: 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 medial treatment received and/or are 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 Benefits Office*
Copy to Payroll Department, if employee did NOT remain on the job or has medical lost time.
Copy to Employee
Copy to Safety Officer - Maintenance
Copy for School File

PLEASE SEE "GUIDELINES" ON REVERSE SIDE OF THIS FORM.

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EMPLOYEE'S WORKERS' COMPENSATION GUIDELINES

What to do:

1. Report 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 Occupational Medicine at Union Hospital 410-620-5424, or make an appointment with your personal physician.
 - b. You should use a participating physician with your health care plan*.
 - c. Delaware physicians may balance bill for services rendered.
 - d. Be sure to tell physician that your visit is for a work-related incident/injury/illness.
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 verification from your physician indicating the reason and length of time you will be required to take off due to your work related incident. A physician's certificate must be submitted to your supervisor for any follow-up visits related to your work related incident in order for your supervisor to code your absence as Workers' Compensation Leave. Be sure to let your supervisor know that the visit was work related.
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 (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" or "Personnel Policies and Procedures Handbook" as appropriate for specific information.*
9. *General Assistants, Substitutes, Volunteers, Temporary, and Per Diem employees are not eligible for this 45-day leave benefit. They will be compensated directly through the WC fund.*

**** If the claim is denied as WC, the Payroll Office will adjust the employee's leave according to the time lost and all medical bills will be denied by WC. 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 expenses incurred.***