

JEFFERSON COUNTY BOARD OF EDUCATION PROCEDURES FOR ON-THE-JOB INJURY

An on-the-job injury is an injury that occurs while fulfilling the description and scope of your duties. Medical conditions, such as heart attack, etc., pre-existing conditions, or repetitive injuries will not be considered. All on-the-job injury claims will be reviewed by the Director of Athletics for approval or denial once all requested documentation has been provided.

Notice of Injury

The employee shall make proper notification of the injury to the administration at their school within 24 hours after the injury occurs. If the employee is not clinically able to make notification, it shall be permissible for another person who is reasonably knowledgeable of the occurrence to make notification of the injury. Within 24 hours of the injury, The Principal or department head will see that a Jefferson County Injury Report is completed and faxed to Ms. Becky Scott, Finance Department. These forms can be obtained from the principal or school secretary.

Physician Certification

The employer will require medical certification from the employee's physician that the employee was injured while performing the duties of his/her job, and absence from work is a direct result of the injury. A Physician Certification Form shall be obtained by the employee from the principal/department head, to be completed and signed by the physician and forwarded to Ms. Becky Scott, Finance Department, as soon as possible. The employer may require the employee to provide additional medical certification and/or statements from the employee's physician regarding return to work status. Physician excuses must be provided for each physician for all follow up visits, including physical therapy. All follow up documentation must include medical certification of employee's return to work date as it relates to the injury. A second opinion may be required from another physician at the expense of the employer.

Waiver of Physician of Medical Assistant Form

A completed Waiver Form should be turned in when an employee chooses not to seek medical attention or refuses to return requested on-the-job injury forms. If an employee refuses to sign a waiver form, such should be documented by the principal on the waiver form, signed by witnesses, and forwarded immediately to Ms. Becky Scott, Finance Department.

Employee's Leave

Once an on-the-job injury claim is approved, leave shall not be deducted from the employee if absence from work is found to be a result of an on-the-job injury. Days requested as on-the-job injury will not be considered until all requested documentation has been provided. Days claimed as a result of a repetitive or pre-existing injury will not be granted.

Continuation of Salary

Upon determination by the Director of Athletics that an employee has been injured on the job and days missed are a result of the injury, the salary and fringe benefits of the employee shall be continued. Injury claims are allowed a maximum of 90 days consistent with the employee's injury and absence from work resulting from the injury. All time claimed as OJI days must have proper documentation for **each** day from the attending physician to be considered.

Additional Expenses

The Jefferson County Board of Education does not provide Workman's Compensation Insurance. When seeking medical attention for your injury, you will need to provide them with your medical insurance information. The Jefferson County Board of Education is not responsible for out of pocket expenses. A claim may be filed with the Alabama State Board of Adjustment for any out of pocket expenses incurred or not reimbursed or paid by the employee's personal medical insurance. Reimbursement to the employee shall be determined by the Board of Adjustment's policies, rules, and regulations that may be adopted from time to time. The Board of Adjustment shall adopt appropriate rules, regulations, and forms for submission by the employee. All claims must be filed directly with the State Board of Adjustment by the individual or through his/her attorney within one year and comply with all time limitations prescribed by the State Board of Adjustment. Claim forms and instructions for filing claims will be given to all employees submitting an on the job injury claim. This information will be sent by mail from the local board of education. Forms may also be obtained from the State Board of Adjustment (Ph: 334-242-7175) at the following address:

State Board of Adjustment
State Capitol, Third Floor
Montgomery, Alabama 36130-1435

Additional Information

All completed on-the-job injury forms are to be faxed by the school directly to Becky Scott / Finance Department / 379-2015. *Schools will send all original documentation by pony ASAP*, and will keep copies for their records.

For assistance or questions regarding an on-the-job injury, or to obtain additional forms, please contact:

Ms. Becky Scott
Jefferson County Board of Education
Finance Department
379-2015 or 379-2248 (fax)

JEFFERSON COUNTY BOARD OF EDUCATION PHYSICIAN CERTIFICATION FORM

THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Name of Injured Employee (PLEASE PRINT) _____ _____ (Last) _____ _____ (First) (Middle Initial)	Date of Injury ____/____/____ Time of Injury _____	Date of Birth ____/____/____ Sex: M F	Home Phone _____ Cell Phone _____ Work Phone _____
Home Address:	School:	Job Title	Job Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time/Sub <input type="checkbox"/> Contract
Did injury occur on school grounds?		Employee Signature _____ Date _____	
Describe how injury occurred and body parts affected: _____ _____			

THIS SECTION TO BE COMPLETED BY PHYSICIAN:

Attending Physician (Please Print) _____ _____	Medical Facility _____ Address _____ Telephone _____	
Employee's Date of Injury ____/____/____	Today's Date ____/____/____	<input type="checkbox"/> This is patients' 1 st Visit for this Injury <input type="checkbox"/> This is a follow up visit due to this injury
Is there reasonable expectation that the employee should be able to return to work? YES NO		
If Yes , date employee can return to work ____/____/____		
If No , please explain _____		
Will the employee have any restrictions when returning to work? YES NO		
If Yes, please explain restrictions _____		
Is employee being referred to another physician for follow up treatment or physical therapy at this time? YES NO		
Signature of Physician _____		Date _____

**RETURN FORM TO: BECKY SCOTT / JEFFERSON COUNTY BOARD OF EDUCATION
 2100 18TH STREET SOUTH / BIRMINGHAM, ALABAMA 35209
 PHONE 205-379-2015 FAX 205-379-2248**

