

WORK COMP

INJURY/ILLNESS REPORTING PROCEDURE

EMPLOYEE ACKNOWLEDGMENT

All injuries during the course of your job will be submitted to our workers compensation insurance carrier upon proper notice.

PLEASE FOLLOW THESE STEPS FOR A JOB RELATED INJURY OR ILLNESS:

1. City policy requires notice of injury by the end of your shift in which the injury occurred. State law requires you to report any on-the-job injury within 20 days of the injury. Reporting of this injury must be IN WRITING and must be given directly to:

If not otherwise designated; report must be given to your immediate supervisor. **Failure to report an on-the-job injury to the above designated person within 20 days of the injury may disqualify you from Workers Compensation Benefits.**

2. Obtain an AUTHORIZATION FOR WORK COMP MEDICAL TREATMENT FORM from your employer and present this to the authorized medical facility.
3. Return the appropriate medical treatment forms to your supervisor before returning to duty or immediately after each appointment.
4. Keep all appointments for ongoing medical care and participate fully in the treatment of your injury or illness. Medical treatment with an unauthorized physical will be subject to a \$500 allowance.

I acknowledge that I have received and read (or had read to me) the Employee Acknowledgement regarding work related injuries and illnesses.

Printed Name _____

Signature _____ Date _____