

Employee Injury Procedures/Return-To-Work Program

In the event of an injury the procedures below must be followed. For the safety of all District employees adherence to these procedures is critical as the District can be subject to fines and other negative consequences by law if the procedures are not followed. Your assistance is very much appreciated as to ensure CUSD is a safe place to work. Non-compliance by the employee may result in disciplinary action.

In the event of an injury that takes place during completion of your responsibilities as an employee the following steps **must** be taken:

1. If an injury is a **MEDICAL EMERGENCY, dial 911.**
2. AS SOON AS POSSIBLE AFTER THE INJURY OCCURS, the **Employee MUST** notify his/her direct supervisor. *(even if it doesn't appear to be an issue at the time)*
3. If the injury is not a medical emergency, the **Supervisor** should notify the Worker's Comp Clerk to initiate the required paper work. This paperwork **must** be completed **PRIOR** to visiting a medical clinic or scheduling a doctor appointment. *(If your supervisor is not available, the Employee must **contact** the Worker's Comp Clerk, **Vicky Mobley at 924-2925**)*

If the Worker's Comp Clerk is not available, the following designee should be notified in this order: Assistant Superintendent, Karl Dearie (927-1930) or Safety Coordinator, Lee Wight (927-3905 or 909-0334).

4. The Worker's Comp Clerk will meet with the Employee to complete the required paperwork as soon as possible after the time of injury.
5. Prior to resuming his/her work assignment, the Employee must meet with the Supervisor and or Assistant Superintendent to review conditions for a return to work. The Employee is required to bring a copy of the ***Physician's Return to Work*** form at this time.
6. As needed, the Employee will be required to participate in preventive safety training related to the work injury prior to resuming actual duties.

These procedures are designed to improve safe working conditions for all employees. Thank you for your compliance with these mandatory rules. Please do not hesitate to speak to your supervisor and/or Workers' Comp Clerk if you have any questions about this topic.

I have read and understand the above stated mandatory rules:

Employee Signature

Date

Print Name

PLEASE RETURN THIS SIGNED FORM TO YOUR SITE SECRETARY/SITE SUPERVISOR