

EMPLOYEE'S INJURY NOTICE

(To be completed by the *injured employee*)

Please check one: ____ Employee ____ Volunteer ____ Student Worker

Employee Name: _____

Date of Injury: _____ Time of Injury: _____

Where did injury occur? Name of school site or location:

Description of Accident (Please describe where you were and what you were doing when the injury occurred. Were there witnesses present? If so, what are their names?)

_____.

Describe your injury, i.e. what part/s of your body were injured?

_____.

Did you seek medical treatment? If so, please provide the name of the facility and the physicians name.

_____.

Please provide any other information, you feel is pertinent to your injury:

_____.

Employee Signature

Date

**Valley Center-Pauma Unified School District
INJURED WORKER INFORMATION AND PROCEDURES**

Please call the Human Resources Department any time you have questions, concerns, or problems regarding your industrial injury at (760) 749-8555.

The Valley Center-Pauma Unified School District is committed to providing injured workers with excellent medical treatment and support with temporary modified duty during the course of treatment. If you are injured at work, please adhere to the following procedures.

❖ **Contact Company Nurse (Non-life-threatening injuries)**

- Employee's DWC-1 (completed by the Company Nurse and employee)
- Injured Worker Information and Procedures (employee signature on this form)
- Supervisor's Report (completed by the supervisor/site representative)

❖ **Go to a district- approved medical center for treatment.**

Authorization for medical treatment will be given once your injury is reported to your supervisor and you have spoken to a Company Nurse. You must go to a district-approved facility unless your pre-designation form (request to use your own physician) is complete and on file with the Human Resources office **prior to your injury**.

❖ **Appointments**

It is expected that you will keep and attend all appointments as scheduled until you are completely discharged from the treating doctor's care. Any cancellations or rescheduling of appointments need to be reported to Human Resources office. After your initial doctor visit, appointments should be scheduled before or after your work day. If you schedule an appointment during work hours, the time needs to be reported in Frontline and sick or vacation leave will be used. Industrial accident/illness leave is given in lieu of sick or vacation leave only when an injured employee is declared temporarily totally disabled by the authorized treating physician.

❖ **Give your Supervisor AND Human Resources office a copy of your doctor's report / work status.**

This must be done after EACH visit (to any doctor) that relates to your work injury. This enables us to ensure any needed restrictions or job modifications are initiated or updated.

❖ **Work Restrictions:** Site supervisor(s) must meet with you to review work restrictions and possible assignment modifications. This meeting must take place before you return to your regular activities. If you would like, you can extend the meeting invitation to your union representative

❖ **Be truthful about your accident and injury/illness at all times.**

Any evidence of misrepresentation, suspicion of fraud, or abuse of workers' compensation benefits will be thoroughly investigated.

❖ **Industrial Leave.**

When eligible, Industrial Leave is paid for sixty working days. Any absences pertaining to your injury, when directed by your doctor, will be deducted from those 60 days.

My signature below verifies that I have received a copy of this document. I further understand that it is my responsibility to make myself familiar and comply with the district's procedures outlined in this Injured Worker Information and Procedure sheet.

Employee Name (Please Print)

Employee Signature

Date

IN CASE OF WORKPLACE INJURY

En caso de un accidente laboral



Phone (Teléfono)

1-(855) 628-2063

Digital, powered by Lintelio
(Digital, implementado por Lintelio)



Employer Name (Nombre De la Compañía)

**Valley Center-Pauma Unified School
District**

Search Code (Código De Búsqueda)

QU464

1

Injured worker notifies supervisor.
El trabajador herido notifica a su supervisor.

2

Supervisor/Injured worker:

- **Calls above number OR**
- **Scans above code with a smartphone to get to the Lintelio app and follows the prompts.**

Supervisor / trabajador herido:

- Llama a el número en la parte de arriba O
- Escanea el código de arriba con un teléfono para acceder a la app de Lintelio y sigue las indicaciones.

3

Company Nurse gathers information and helps injured worker access appropriate care. Injured worker notifies Supervisor of the outcome of the call.

Company Nurse obtiene la información y ayuda al trabajador herido a obtener el tratamiento médico adecuado. El trabajador lesionado le notifica a su supervisor el resultado de la llamada.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life-threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.