Employee Responsibilities for Work-Related Injuries

Please read carefully before completing the attached form

In the-event of a work-related Injury or illness, notify your supervisor/principal immediately {within 24 hours when possible) to obtain any medically necessary treatment from a provider within the workers' compensation network. You will need to complete the attached **Employee Workers' Compensation Claim Worksheet**, sign and date, and obtain a supervisor's signature. This form needs to be taken to your department/school secretary for completion of filing a workers' compensation claim.

Treatment for a serious or life-threatening emergency may be received from any emergency facility.

1. A copy of your ***Return to Work*** form will need to be returned to your supervisor immediately upon returning to WORK. **Inform your authorized treating physician that there are modified transitional jobs available at your work site or within the school district.** Contact your school/department, inform them of your restrictions (if any) and confirm light duty is available, this will be the employee's responsibility. **You cannot return to work without a release from your authorized treating physician.**

2. If your authorized treating physician requests additional follow up visits, outpatient testing or physical therapy, you may need to schedule those appointments outside of your normal work day as these absences will not be paid under workers' compensation. In some instances, specialists' visits may be covered if appointment hours are not available outside your schedule.

3. Your authorized treating physician may authorize any additional needed specialty care. **Treatment received without approval from Johns Eastern Company is not covered.**

4. Pinellas County Schools has the right to choose the medical providers who will treat you.

5. Workers' Compensation will also replace part of your lost wages if your authorized treating physician says you must be out of work for a certain length of time because of a work-related injury or illness. It is your responsibility to notify your supervisor or school/department secretary of this action.

6. If you have an illness or injury that requires your absence to extend beyond ten days, contact your school or department secretary and complete a **Request for Leave of Absence**.

7. Please contact Risk Management if you have any questions regarding the above at 727-588-6196.

EMPLOYEE – PLEASE KEEP A COPY OF THIS PAGE

EMPLOYEE WORKERS' COMPENSATION CLAIM WORKSHEET

CLAIM MUST BE REPORTED TO JOHNS EASTERN VIA INTERNET USING AUTHORIZED USER ID AND PASSWORD

Website: WWW.JOHNSEASTERN.COM

Call Risk Management at 727-588-6196 if unable to submit claim or for assistance

EMPLOYEE INFORMATION:

Name: _____Last 4 digits of SSN: _____

Date of Injury: _____ Time of Injury: _____ Date employer notified: _____

Was injury on employer's premises? Yes_____ No_____

If no, address where injury occurred: _____

Were you doing your regular job? Yes_____ No_____

EMPLOYEE STATEMENT:

In your own words, please provide full description of accident. Indicate specific Body Part(s) injured—Be specific using "left", "right", "upper", "lower" as clear indicators, i.e. "bruised thumb on right hand":

_____

_____

_____

_____

Body Part(s) Injured: _____

Have you ever sought medical treatment for this body part in the past? Yes_____ No_____

If Yes, what type of treatment sought: _____

Name any witnesses to the Accident: _____

Is medical treatment requested? Yes_____ No_____

If Yes, which authorized worker's compensation facility to you do you plan to seek treatment?

__**Clearwater** (Countryside) - BayCare Urgent Care
__**Clearwater** (S. Belcher Rd) - BayCare Urgent Care
__**Dunedin** (Curlew Rd) – Concentra
__**Largo** (East Bay Dr.) - Concentra
__**Largo** (Walsingham Rd) - BayCare Urgent Care
__**New Port Richey** (US 19) - BayCare Urgent Care
__**New Port Richey** (Trinity Village) - Suncoast Urgent Care
__**Palm Harbor** (US 19) - Doctor's Urgent Care
__**St. Pete** (33rd St. N) - Concentra
__**St. Pete** (4th St. N.) - BayCare Urgent Care
__**St. Pete** (Carillon Pkwy) - Concentra
__**St. Pete** (Tyrone/66th St. N.) - BayCare Urgent Care
__**St. Pete Beach** - BayCare Urgent Care

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits Insurance fraud, punishable as provided in S.817.234.

Employee's Signature _____ Date_____

Supervisor's Signature _____ Date _____

Please retain in Employee File. Fax this form to Risk Management (727) 588-6182, upon request. Determination of compensability of the claim has not yet been accepted and is being investigated pursuant to chapter 440.Florida statutes.