

CHARLES COUNTY PUBLIC SCHOOLS

PO BOX 2770 LA PLATA MD 20646

EMPLOYEES INCIDENT/INJURY/ILLNESS REPORT

IMPORTANT – COMPLETE ALL SECTIONS

This form must be filed with the employee's supervisor immediately following the incident and within 72 hours.

Name		Occupation	
Date of Birth	Male Female	Social Security Number	
Marital Status	Date of Hire	Status: Full time Part time Substitute	
Home Address			
Home Phone No.			
School Name		School Phone No.	
School Address			
Name of Immediate Supervisor			
Date Injured:	Time of Injury:	am/pm	Date Reported:
Individual Notified:		Time Employee Began Work	am/pm
Where Incident Occurred:			
Name(s) of Witness(es) of Incident:			
Kind and Extent of Injury: <i>(Be specific – EX: right hand, index finger, cut, sprain, etc)</i>			
Description of Incident: <i>(Be specific as possible)</i>			
Medical Treatment Required: Yes No			
If <i>yes</i> , please give name, address, phone no. of doctor and/or hospital:			
Describe any medical treatment received and/or scheduled to be received:			
Did you remain on the job? Yes No			
If <i>no</i> , what is the First day of absence?			
If <i>no</i> , you must also submit <i>CCPS Return to Work Form</i>			
TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENT IS CORRECT			
Employee Signature		Date	

I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment or leave as provided by Charles County Public Schools or its agents or who knowingly accepts payment to which that person is entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both.

PLEASE SEE GUIDELINE ON REVERSE SIDE OF THIS FORM.

Distribution: Original to Risk Managers Office Copy to Employee

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EMPLOYEES WORKERS COMPENSATION GUIDELINES

What to do:

1. Report incident immediately to supervisor.
2. Complete and sign "Employee's Incident/Injury/Illness Report" form and return to your immediate supervisor.
3. If medical treatment is needed, please note the following:
 - a. You may contact or make an appointment with your personal physician.
 - b. You should use a participating physician with you health care plan.
 - c. Be sure to tell the physician that your visit is for a work-related incident/injury/illness.
4. Do not use your health insurance for any visits; this includes your prescription card. All medical bills are to be sent directly to MABE Claims Unit, 621 Ridgely Ave. Suite 301, Annapolis MD 21401.
5. If you miss time from work, contact your supervisor immediately and you must submit **CCPS Return to Work Form** from your physician indicating the reason and length of your time you will be required to take off due to your work related incident. A physician's certificate must be submitted to your supervisor for any follow-up visits related to your work related incident in order for your supervisor to code your absence as Workers Compensation Leave.
6. You must provide a physicians certificate to your supervisor when your physician releases you to return to work – use **CCPS Return to Work Form**.
7. If you have any questions, contact the CCPS Risk Management Office (301-934-7275).
8. Eligible employees may receive Workers Compensation (WC) leave if the incident/injury/illness is ruled compensable. Please refer to the appropriate "Negotiated Agreement" for specific information.

*** Leave is deducted from all employees until Workers Compensation is approved. Once approved leave will be reinstated.**