SUBJECT: WORKERS' COMPENSATION CLAIMS REPORTING PROCEDURES, STRUCTURED RETURN-TO-WORK PROGRAM, AND ADMINISTRATOR AND SITE OBLIGATIONS

2011-12 No. AS-12

TO: All Employees, Administrators, Office Managers and Supervisors

DATE: August 5, 2011

PREPARED BY: Martine Kruger DEPARTMENT: Risk Management

REVIEWED BY: Marianne Clemmens APPROVED:

Schools Insurance Authority (SIA) is the administrator for district Workers’ Compensation claims. Please follow the claims reporting procedures outlined in this bulletin.

Claims Reporting Procedure:

1. All work-related injuries must be reported directly to the supervisor, site administrator or designee as soon as possible. Employees will be instructed to contact the SIA Injury Reporting Line the same day at 643-9299 to report an injury and to obtain further information and instructions from an Early Intervention Nurse (EIN). All claims are to be reported to this number ONLY. Employees working after hours and/or weekends should report their injury to their supervisor, site administrator or designee, and the reporting line as soon as possible. If the after-hours injury requires immediate medical treatment, see instructions under “emergencies” on the next page.

2. If medical treatment is necessary, an EIN will provide instructions and information on scheduling a doctor’s appointment.

3. For questions related to existing claims, contact Schools Insurance Authority at their main number: (916) 364-1281.
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**Emergencies:** If the injury is *life threatening*, call 911 or report to the nearest medical facility. Please contact the reporting line at 643-9299 immediately after you’ve obtained emergency care.

**Payroll Related Questions:** Contact the Workers’ Compensation Payroll Benefits Specialist at 643-7901.

**Structured Return-To-Work Program:** To assist injured employees in their recovery, the district provides temporary duty in the form of modified or alternate work whenever possible. Before an injured employee returns to work with doctor restrictions, modified duty is to be coordinated with the Return-to-Work Unit at SIA - (916) 364-1281. The Temporary Duty Assignment must be completed, signed by the site administrator/supervisor and the employee and faxed to the Return to Work Unit at SIA - (916) 364-2421. The original must be returned to the Workers’ Compensation Office, Box 840A. Temporary Duty is offered for 12 weeks only.

**Doctor Appointment/Physical Therapy Appointments:** Workers’ Compensation doctor appointments are to be scheduled *before or after work* to prevent sick leave dock or wage loss. This applies to follow-up appointments and physical therapy as well. Workers’ Compensation will not pick up benefits for lost time or wages due to medical appointments.

**Doctor’s Statement/Medical Appointment:** The injured worker must provide the original medical slip to their supervisor immediately following his/her medical appointment. The supervisor will forward the original doctor’s statement to the Workers’ Compensation Office, Box 840A, in order to prevent payroll interruptions or holds. Photocopies will not be accepted. The doctor’s statement must include: employee name, work restrictions, beginning/ending dates of absence and must state that the injury is “work-related.”

After reporting to supervisor, if the injured worker has a work restriction or is temporarily disabled from work, IMMEDIATELY contact the Return-to-Work Coordinator at (916) 364-1281.

**Reporting Absences:** Report Workers’ Compensation absences as “SLIA” on the monthly absence report.

Please contact the Workers’ Compensation Office, Department of Risk Management at 643-7901 if you have any questions regarding the district’s Workers’ Compensation process.
WORK INJURY PHONE DIRECTORY

Schools Insurance Authority
P.O. Box 276710
Sacramento, CA 95827-6710
916-364-1281 (Phone)
916-364-2421 (Fax)

NEW INJURY REPORTING: 916-643-9299
Reporting Line

RETURN TO WORK QUESTIONS: 916-364-1281
Return to Work Unit

EXISTING CLAIM QUESTIONS: 916-364-1281

Sacramento City Unified School District
Department of Risk Management
WORKERS’ COMPENSATION
BOX 840A
916-643-9421 (Phone)
916-643-9457 (Fax)

PAYROLL RELATED QUESTIONS: 916-643-7901