

Snake River School District #52

PERSONNEL

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Employee Workers' Compensation Signature Page

Purpose: To give you necessary information regarding your workers' compensation claim.

There are basic rules that apply to your worker's compensation claim.

- You are responsible for having a medical evaluation by the District's Medical Provider within 24 hours of any time-loss work-related injury.
- The District will make an effort to provide meaningful, productive work within any physical restrictions prescribed by the treating physician.
- If it is necessary for you to receive off-site treatment for a work-related injury, you must notify your supervisor prior to the appointment time.
- Notify your supervisor of all follow-up appointments with the physician and/or physical therapist.
- Make sure that your supervisor is aware of any medications that have been prescribed for you.
- Bring all paperwork to the District Office following each appointment with the physician.
- Make sure that your supervisor is aware of any medical restrictions authorized by the physician.
- If you are given any work restrictions, you must follow them both on and off the job.
- In the event that your claim is denied by the workers' compensation carrier, you will be responsible for payment of any of the medical expenses.
- An employee who is on an extended work compensation leave is considered to be on Family and Medical Leave Act leave concurrently. In compliance with The Family and Medical Leave Act, the district will continue the benefit portion of health, dental, and life insurance for a period of three months from the first date of disability. The employee is responsible to pay the deduction portion of these insurance premiums to continue coverage. If the deduction is not paid by the 5th of the month, coverage will be terminated.

I have been given the opportunity to read the above information regarding my workers' compensation claim rights. My signature indicates that I understand those rights and responsibilities.

Employee Printed Name

Date

Employee's Signature