



On-the-Job Injury

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For Alabama Public School Employees



On-the-Job Injury Law

State laws for on-the-job-injury for employees of local boards of education are contained in Title 16, Chapter 1, Section 16-1-18-1 of the Code of Alabama. This law also covers two-year post secondary institutions and some other agencies. In addition to on-the-job injury, this law also provides provision for sick leave, vacation and leaves of absences.



Provisions found within the Alabama Law

The law covers full-time employees and adult bus drivers.

- An on-the-job injury is any accident or injury to the employee occurring during the performance of duties (or when directed or requested by the employer to be on the property of the employer), which prevents the employee from working or returning to his or her job.
- Within 24 hours after occurrence of the injury, the employee must make proper notification of the injury to his or her immediate supervisor (school principal, director, if applicable) in accordance with the written procedures of the local board of education.

Provisions found within the Alabama Law Cont'd

In the event the employee is clinically unable to report the injury, the notification procedures of the local board of education shall permit the reporting of the injury by another person who is reasonable knowledgeable to make the notification of the injury.

The local board of education will establish procedures and forms for notification of on-the-job injuries.

On-the-Job Injury

If the local superintendent of education determines that the employee has been injured on the job and cannot return to work as a result of the injury, the employee's salary and benefits will continue up to 90 working days consistent with the employee's injury and absence from work resulting from the injury.

Sick leave, personal leave and vacation leave will not be deducted for the days the employee is paid for any absences approved for on-the-job-injury pay.

A local board of education may adopt a policy to extend the 90-day period for on-the-job-injuries (check local board policy).

On-the-Job Injury Form

On the Job Injury Report -- DRAFT --

ON THE JOB INJURY REPORT

Part I - Employee Information

Full Name
Employee ID
Date of Birth
Job Title
School/Department:
Category/Status:
Street, City, State, Zip
Home Address:
Home Telephone:
Work Telephone:

Part II: Information about the injury

A: Date of Injury
Time of Injury:
(Be specific, classroom, hallway, bus, etc.)

B: Identify the location where the injury occurred

C: Describe what caused the injury or how it happened:
(Be specific, identify part of body injured, leg, arm, etc., and type, for example bruise, cut, sprain, etc.)

D. Describe the injury
(Give names and address of attending physician and medical facility if appropriate)

E. Describe any first aid or emergency medical treatment received as a result of the injury:
(Give telephone nos. if known)

F. Identify any witnesses to the injury:

G. Have you lost time from work, or do you expect to lose time from work as a result of the injury?

INSTRUCTIONS
A. This form must be submitted to your principal or supervisor within 24 hours from the time of the injury.
B. The principal or supervisor must review and forward the form to the Office of Human Resources no later than the next working day after it is received.

Attachments:
Attach Resources:

-- DRAFT --



Claim for Lost Time – On-the-Job Injury Form

Claim For Lost Time- On-The-Job-Injury -- DRAFT --

CLAIM FOR LOST TIME- ON-THE-JOB-INJURY

PART I (Employee Information)
Full Name
Address
Employee ID
Primary Location

PART II (Injury Information)
Date of Injury
Date Reported to Supervisor
Name and address of attending physician who treated the injury:

PART III (Claim)
Dates off work due to injury:
Have you used sick leave or personal leave due to injury?
If yes, give dates used:
Have you filed a previous claim? If yes, give date:

PART IV (Employee Certification)
I certify that I was unable to perform the duties of my position on the dates claimed above due to an on-the-job injury. I understand that MPS may request a second medical opinion at its expense. I hereby grant permission for the release of any relevant medical records to MPS or an MPS designated physician.

Attachments:
Please upload documents from your doctor. :

| | | |
|--------------------------|--|---------------|
| Attached Workflow | Claim For Lost Time- On-The-Job-Injury | |
| Current Status | Draft | |
| Workflow Steps | 1 Signature | Direct Report |
| | 2 Approval | |
| | 3 Approval | Group: |

-- DRAFT --

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State Board of Adjustment

The injured employee may file for reimbursement with the State Board of Adjustment for the unreimbursed medical expenses and costs incurred as a result of an on-the-job injury. Reimbursement to the employee shall be determined by the Board of Adjustment's policies, rules and regulations.

Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the injury or within two years for claims for injury resulting in death. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 1/2 x 11 paper front side only. The claims process may take several months to complete.

State Board of Adjustment Form

STATE OF ALABAMA DEPARTMENT OF EDUCATION LOCAL SCHOOL SYSTEM ACCIDENT REPORT

SCHOOL DISTRICT _____ SCHOOL _____

Name of Injured Party: _____ Social Security No.: _____

Home Address: _____

Home Phone No.: _____ Employee's Date of Birth: _____

Job Title/Job Classification: _____ County of Employment: _____

Date of Injury/Accident: _____ Time of Injury/Accident: _____ AM: _____ PM: _____

Supervisor Notified: _____ Date Supervisor Notified: _____

Was accident/injury the result of an automobile accident? _____ Yes _____ No
If yes, obtain a copy of police report of accident and submit to supervisor as soon as possible.

If you answer no to the above question, indicate the exact location where injury/accident occurred below:

Describe fully the specific activity you were performing at the time the event occurred and what happened to cause the injury/accident.
Indicate the body part(s) affected: More space is provided on back of document.

Were there any witnesses? If so, give names, addresses and phone numbers. More space is provided on back of document.

Name: _____ Address: _____ Phone #: _____

At the time of the injury, were you using any protective equipment (ex. gloves, head, eye, arm, hand protection, etc.)?

_____ Yes _____ No

Have you had a previous injury or treatment for similar injury or condition to the same body part?

_____ Yes _____ No

If yes, enter dates of injuries and name(s) and address of treatment provider(s). More space is provided on back of document.

At any time, were you pre-warned or aware of hazardous location (ex. Caution, wet floor, do not enter signs, etc)? Yes _____ No _____ By Whom? _____

I understand the reporting of false information may disqualify me from receiving benefits and or compensation. I certify the above information is correct to the best of my knowledge.

Signature of Claimant: _____ Date: _____

Signature of Supervisor reporting accident: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Chief Financial Officer: _____ Date: _____

Signature of Superintendent: _____ Date: _____

On-the-Job Injury

Within 30 calendar days of notification of the injury, the local superintendent of education or designee will inform the employee injured on the job about the local board of education's approved policies for on-the-job injuries and the employee's right to request reimbursement from the State Board of Adjustment.

The local board of education may require medical certification from the employee's physician that the employee was injured and cannot return to work as a result of the injury.

The local superintendent of education may require a second opinion from another physician at the expense of the local board of education.

Local boards of education may require a statement from the physician that there is a reasonable expectation that the employee will be able to return to work.

Setting up O-J-I Employee Leave Type

PR/LVCM: Leave Code Maintenance (v3.04)

1. Category 2. Type Code 3. Business Code 4. Business Rule 5. Empl Type

Leave Type Code: 1 Leave Description: JOB INJURY

Overriding Sub Comp: Object Value: 180

Category Code: Leave Type to Adjust: Default Adjustment Code:

Roll into 1st Type: Roll into 2nd Type: Third Party Leave Type:

Sick Bank Print Leave Bal on Check Stub (Pending Check Format) Advance Leave Method

Comp Time Allow Negative Balance Advance Allowed

Include in Accrual Cutoff Calc. Advance Thru EOY

Advance One Unit

Inquire Mode: Enter the Key Word for the Desired Record

Ver: 15.1.4 - MCAI00PR Leave Code Maintenance Ready to Execute Monday 2/5/2024 10:38 AM

Recording O-J-I in NextGen

MCAI PAYROLL SYSTEM
EMPLOYEE LEAVE DETAIL REPORT
MONTGOMERY COUNTY BOARD OF EDUCATION
DATE RANGE 07/01/2023 THRU 06/30/2024 SORTED BY EMPLOYEE NO

EMPLOYEE NO & NAME

| <u>TRANSACTION DATE</u> | <u>LEAVE TYPE TAKEN</u> | <u>UNITS TAKEN</u> | | | |
|-------------------------|-------------------------|--------------------|---|--|---|
| 2023-11-28 | JOB INJURY | 1.00 | D | | X |
| 2023-11-29 | JOB INJURY | 1.00 | D | | X |
| 2023-11-30 | JOB INJURY | 1.00 | D | | X |
| 2023-12-01 | JOB INJURY | 1.00 | D | | X |
| 2023-12-04 | JOB INJURY | 1.00 | D | | X |
| 2023-12-05 | JOB INJURY | 1.00 | D | | X |
| 2023-12-06 | JOB INJURY | 1.00 | D | | X |
| 2023-12-07 | JOB INJURY | 1.00 | D | | X |
| 2023-12-08 | JOB INJURY | 1.00 | D | | X |
| 2023-12-11 | JOB INJURY | 1.00 | D | | X |
| 2023-12-12 | JOB INJURY | 1.00 | D | | X |
| 2023-12-13 | JOB INJURY | 1.00 | D | | X |
| 2023-12-14 | JOB INJURY | 1.00 | D | | X |
| 2023-12-15 | JOB INJURY | 1.00 | D | | X |
| 2023-12-18 | JOB INJURY | 1.00 | D | | X |
| 2023-12-19 | JOB INJURY | 1.00 | D | | X |
| 2023-12-20 | JOB INJURY | 1.00 | D | | X |

EMPLOYEE JOB LEAVE TOTALS =====> 17.00

*** END OF REPORT ***

The Importance of Accurately Recording of Leave Days

First and foremost, keeping track of leave and paying correctly keeps you on the right side of the law

Absenteeism can have a significant impact on any organization. If you are not entering leave – especially sick leave, etc., accurately – you may not know how many days a year your employees are taking and how much that is affecting your school district.

Correct leave recording can give you a much better understanding of leave patterns across the district, and if there are issues, you have the chance to work on solutions with your employees.

Employer are required by law to maintain information regarding your wages, hours worked, reported workplace injuries and illnesses, tax withholdings and accrued vacation and other benefits. Payroll records can be subpoenaed, and you may have to attest to the accuracy of the records.

Questions?????

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