

# **ON-THE-JOB INJURY**

## **JEFFERSON COUNTY BOARD OF EDUCATION**

Laura Nance, CSFO

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# ON-THE-JOB INJURY DEFINED

- “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.” ***Section 16-1-18.1(a)(5)***



# BENEFITS FOR A QUALIFYING OJI EVENT

- Up to 90 days paid leave, with full pay and benefits
  - Days absent must be associated with OJI, including treatment, follow-up, referrals, etc.
  - Law states the Board *may* require medical certification from a physician certifying injury, inability to return to work as a result of the injury, and when the employee can reasonably be expected to return to work – either with or without limitations
  - Law also states the Board *may* adopt a policy to offer days extended beyond the 90 days required by law
- Sick leave (and other earned paid leave) will not be deducted during time off due to an approved OJI leave if within the 90 day limitation by law or the limitation set by your Board



# WHO'S ELIGIBLE?

- Full-time employees, including bus drivers
- Possible qualifier - Does the employee receive a full PEEHIP allocation each month?
- Employees classifications to seek guidance if you have a potential on-the-job injury situation: Non-Benefited employees working in temporary full-time basis (subs, retirees filling in, etc.)



# JEFCOED PROCESS OF INFORMING EMPLOYEES OF AVAILABLE ON-THE-JOB INJURY BENEFITS

- How does the everyday employee know OJI leave exists?
  - Since we are a large district, it's hard to ensure employees know the 'rules' without 'opening a can of worms' with an all employee email, announcement, etc.
  - Documents and Policy available on shared drive
  - Published Policy Manual available to the public
  - Consistently remind administrators in periodic meetings of the 24 hour requirement to document and report any incident
    - Remind them of the risks of not reporting a known incident
- Consistent communication and reminders to those most prone to have an OJI
  - Lunchroom Managers (annual manager meetings, in-service, etc.)
  - Custodial Staff
  - Maintenance Staff



# JEFFERSON COUNTY'S OJI POLICY, AS DEFINED IN POLICY MANUAL

- 5.10.4 On-The-Job Injury Leave – On-the-job injury includes an accident or injury to an employee that occurs in the course of performing job duties for the Board or when the employee is directed or requested by the employer to be on the property of employer and which prevents the employee from working or returning to the job. Employees who are accidentally injured on the job may be approved for paid “on-the-job injury” leave without using sick days, **provided that:**
  - a. The injured employee submits written medical certification from the attending licensed physician stating that the employee was injured and cannot return to work due to a specified injury, if there is a reasonable expectation that the employee will return to work and, if so, the expected date of that return. The Board may require a second opinion from a Board specified physician, at its expense.
  - b. The employee submits a signed written account of the accident attested by a principal or department head within twenty-four (24) hours after the injury occurred. If the injured employee is not able to notify the Board, another person reasonably knowledgeable about the employee’s condition and circumstances leading to the injury may provide the required notification.
- Upon a determination that the employee has been injured on the job and cannot return to work, the Board may maintain the employee’s salary and benefits for the period of incapacity caused by the injury, not to exceed ninety (90) days. An employee who is injured on the job may file a request for unreimbursed medical expenses and costs with the State Board of Adjustment. **The Board will provide such reasonable assistance to the employee in filing the Board of Adjustment claim as is required by law, but assumes and will have no responsibility or liability for processing the claim or directly reimbursing the employee any unreimbursed medical expenses and costs.** On-the-job injury leave will be administered in accordance with and subject to the requirements and limitations imposed by state law regarding such leave. [Reference: ALA. CODE §16-1-18.1 (1975)]



# PROCEDURES AND FORMS

- Each Board of Education is tasked with developing their own procedures and forms for notification of an on-the-job injury as well as procedures to qualify for leave
- Jefferson County Policy 5.10.4 a/b requires
  - *The injured employee submits written medical certification from the attending licensed physician stating that the employee was injured and cannot return to work due to a specified injury, if there is a reasonable expectation that the employee will return to work and, if so, the expected date of that return. – AND –*
  - *The employee submits a signed written account of the accident attested by a principal or department head within twenty-four (24) hours after the injury occurred. If the injured employee is not able to notify the Board, another person reasonably knowledgeable about the employee's condition and circumstances leading to the injury may provide the required notification.*
- JEFCEOED instructions and forms are available and/or given to the employee (examples in next slides)





# JEFCOED ON-THE-JOB INJURY PACKET

Code of Alabama  
Title 16, Chapter 1  
Section 16-1-18.1

## JEFFERSON COUNTY BOARD OF EDUCATION PROCEDURES FOR ON-THE-JOB INJURY

An on-the-job injury is an injury that occurs while fulfilling the description and scope of your duties. Medical conditions, such as heart attack, etc., pre-existing conditions, or repetitive injuries will not be considered. All on-the-job injury claims will be reviewed by the Department of Human Resources for approval or denial once all requested documentation has been provided.

### Notice of Injury

The employee shall make proper notification of the injury to the administration at their school within 24 hours after the injury occurs. If the employee is not clinically able to make notification, it shall be permissible for another person who is reasonably knowledgeable of the occurrence to make notification of the injury. Within 24 hours of the injury, a Jefferson County Injury Report must be completed and scanned and emailed to Mrs. Chanita Washington, Human Resources Generalist. These forms can be obtained from the principal, secretary, or on the Shared Google Drive.

### Physician Certification

The employer will require medical certification from the employee's physician that the employee was injured while performing the duties of his/her job, and absence from work is a direct result of the injury. A Physician Certification Form shall be obtained by the employee from the principal/department head, to be completed and signed by the physician and forwarded to Mrs. Chanita Washington, Human Resources Generalist, as soon as possible. The employer may require the employee to provide additional medical certification and/or statements from the employee's physician regarding return to work status. Physician excuses must be provided for each physician for all follow up visits, including physical therapy. All follow up documentation must include medical certification of employee's return to work date as it relates to the injury. A second opinion may be required from another physician at the expense of the employer.

### Waiver of Physician of Medical Assistant Form

A completed waiver form should be turned in when an employee chooses not to seek medical attention or refuses to return requested on-the-job injury forms. If an employee refuses to sign a waiver form, such should be documented by the principal on the waiver form, signed by witnesses, and forwarded immediately to Mrs. Chanita Washington, Human Resources Generalist.

### Employee's Leave

Once an on-the-job injury claim is approved, leave shall not be deducted from the employee if absence from work is found to be a result of an on-the-job injury. Days requested as on-the-job injury will not be considered until all requested documentation has been provided. Days claimed as a result of a repetitive or pre-existing injury will not be granted.

Revised 10/2022





# JEFCOED ON-THE-JOB INJURY PACKET, CONT.

## Continuation of Salary

Upon determination that an employee has been injured on the job and days missed are a result of the injury, the salary and fringe benefits of the employee shall be continued. Injury claims are allowed a maximum of 90 days consistent with the employee's injury and absence from work resulting from the injury. All time claimed as OJI days must have proper documentation for each day from the attending physician to be considered.

## Additional Expenses

The Jefferson County Board of Education does not provide Workman's Compensation Insurance. When seeking medical attention for your injury, you will need to provide them with your medical insurance information. The Jefferson County Board of Education is not responsible for out of pocket expenses. A claim may be filed with the Alabama State Board of Adjustment for any out of pocket expenses incurred or not reimbursed or paid by the employee's personal medical insurance. Reimbursement to the employee shall be determined by the Board of Adjustment's policies, rules, and regulations that may be adopted from time to time. The Board of Adjustment shall adopt appropriate rules, regulations, and forms for submission by the employee. All claims must be filed directly with the State Board of Adjustment by the individual or through his/her attorney within one year and comply with all time limitations prescribed by the State Board of Adjustment. Claim forms and instructions for filing claims should be made available to all employees submitting an on the job injury claim. This information may be obtained by accessing the Shared Google Drive: \*Employee Docs: Human Resources; On the Job Injury Folder. Forms may also be obtained from the State Board of Adjustment (Ph: 334-242-7175) at the following address:

State Board of Adjustment  
State Capitol, Third Floor  
Montgomery, Alabama  
36130-1435

## Additional Information

All completed on-the-job injury forms are to be scanned and emailed by the school directly to Mrs. Chanita Washington, Human Resources Generalist. Mrs. Washington's email address is [cmwashington@jeffcoed.com](mailto:cmwashington@jeffcoed.com). Schools will send all original documentation by pony ASAP and will keep copies for their records.

For assistance or questions regarding an on-the-job injury, or to obtain additional forms, please contact:

Mrs. Chanita Washington  
Human Resources Generalist  
JCBOE HR Department  
Phone: (205) 379-2125  
[cmwashington@jeffcoed.com](mailto:cmwashington@jeffcoed.com)



# JEFCOED ON-THE-JOB INJURY REPORT

# JEFFERSON COUNTY BOARD OF EDUCATION INJURY REPORT

Name of Injured Employee (Please print)  (Last, First, Middle Initial)	Date of Birth ____/____/____  Male / Female	Job Title	Status Full Time / Part time Days/Year Hourly
Home Address   (City) (State) (Zip)	Telephone Numbers Home _____ Cell _____	School	
DATE OF INJURY TIME OF INJURY ____/____/____ AM / PM	City where injury occurred	Location or place where injury occurred	
Name of Administrator/Supervisor Notified:	Date & Time Notified	Administrator/Supervisor was Notified: Within 24 hours? __Yes__ No In Writing Verbal	
Were there any witnesses to the injury? __Yes__ No If yes, list name(s):			
***ATTACH A BRIEF SIGNED AND DATED STATEMENT FROM WITNESS(ES)			
Type of Treatment Received: Emergency Room Medical/Physician Office Hospitalized Paramedics Nurse None			
Name and Address of Medical Facility:	Printed Name of Attending Physician:		
Do you feel this injury was caused while fulfilling the duties of your job? __Yes__ No			
Describe in detail what happened to cause the injury:			
Indicate specific body part(s) affected:			

Signature of Injured Person	Print Name	Daytime Phone#	Date
Was this injury caused while employee was fulfilling the duties of his/her job? __ Yes __ No			
Signature of Principal/Supervisor	Date Notified	Date Signed	
All individuals wishing to file a claim with the State Board of Adjustment for unreimbursed medical expenses and costs that a Board employee may incur due to an on-the-job injury should obtain the appropriate claim forms and instructions for filing claims from the State Board of Adjustment (334) 242-7175, State Capitol 3 <sup>rd</sup> Floor, Montgomery, AL 36130-1435 or the local school office or departmental office. All claims must be filed directly with the State Board of Adjustment by the individual or through his/her attorney within one year of the injury and comply with all time limitations prescribed by the State Board of Adjustment.			
❖ LOCAL SCHOOL PLEASE SCAN AND EMAIL INJURY REPORT AND PHYSICIAN CERTIFICATION <u><b>OR</b></u> WAIVER ASAP TO: CHANITAWASHINGTON/JEFFERSON COUNTY BOE EMAIL: CMWASHINGTON@JEFCOED.COM PHONE: 379-2125			
❖ SEND <u><b>ORIGINALS</b></u> BY PONY OR MAIL TO:  JEFFERSON COUNTY BOARD OF EDUCATION CHANITA WASHINGTON, HUMAN RESOURCES GENERALIST 2100 18 <sup>TH</sup> STREET SOUTH / BIRMINGHAM, AL 35209			
			Revised: October 2022



# JEFCOED ON-THE-JOB INJURY WAIVER OF CARE

JEFFERSON COUNTY BOARD OF EDUCATION

WAIVER OF PHYSICIAN OR MEDICAL ASSISTANCE  
FOR  
ON-THE-JOB INJURY

NAME OF EMPLOYEE:		
_____	_____	_____
Last Name	First	Middle
DATE OF INJURY: _____		
Month	Day	Year
LOCATION/SCHOOL WHERE INJURY OCCURRED:		
_____		
I choose not to consult a physician or seek medical treatment; therefore, waiving future rights to claim on-the-job injury leave relating to this incident.		
Signature of Employee		Date
_____		_____
WITNESS:		
Principal's/Supervisor's Signature		Date
_____		_____

RETURN FORM TO: CHANITA WASHINGTON  
JEFFERSON COUNTY BOARD OF EDUCATION  
HUMAN RESOURCES DEPARTMENT  
2100 18<sup>TH</sup> STREET SOUTH  
BIRMINGHAM, ALABAMA 35209  
PHONE: (205) 379-2125  
EMAIL: cmwashington@jefcoed.com



# JEFCOED ON-THE-JOB INJURY PHYSICIAN CERTIFICATION

## JEFFERSON COUNTY BOARD OF EDUCATION PHYSICIAN CERTIFICATION FORM

### THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Name of Injured Employee (PLEASE PRINT)  (Last)  (First) (Middle Initial)	Date of Injury ____/____/____ Time of Injury	Date of Birth ____/____/____  Sex:    M    F	Home Phone _____ Cell Phone _____ Work Phone _____
Home Address:	School:  Did injury occur on school grounds?	Job Title	Job Status ___ Full Time ___ Part Time/Sub ___ Contract
Describe how injury occurred and body parts affected:		Employee Signature _____  Date _____	

### THIS SECTION TO BE COMPLETED BY PHYSICIAN:

Attending Physician (Please Print) _____	Medical Facility _____ Address _____ Telephone _____
Employee's Date of Injury ____/____/____	Today's Date _____ This is patients' 1 <sup>st</sup> Visit for this injury ____/____/____ This is a follow up visit due to this injury
Is there reasonable expectation that the employee should be able to return to work? <b>YES</b> <b>NO</b> If <b>Yes</b> , date employee can return to work    ____/____/____ If <b>No</b> , please explain _____	
Will the employee have any restrictions when returning to work? <b>YES</b> <b>NO</b> If <b>Yes</b> , please explain restrictions _____	
Is employee being referred to another physician for follow up treatment or physical therapy at this time? <b>YES</b> <b>NO</b> Signature of Physician _____ Date _____	

RETURN FORM TO: CHANITA WASHINGTON / JEFFERSON COUNTY BOARD OF EDUCATION  
HUMAN RESOURCES DEPARTMENT  
2100 18<sup>TH</sup> STREET SOUTH / BIRMINGHAM, ALABAMA 35209  
PHONE (205) 379-2125 EMAIL: cmwashington@jefcoed.com

Revised 10/2022



# JEFCOED PROCESS FOR NOTIFYING EMPLOYEE OF DECISION

- We communicate with the employee throughout the process to ensure all necessary paperwork is completed and submitted
- Once a final decision is made, the employee is notified via email and/or phone
- At this time, we also ensure the employee has the Alabama Board of Adjustments paperwork via our shared drive or a hard copy is sent
- Once decision is made and if leave is granted, HR notifies Payroll of days/hours to apply OJI
  - We have the employee go ahead and account for their absences while a decision is being made (i.e. enter sick leave). This seems to help to ensure the employee makes the effort to submit all required paperwork.
  - Payroll will 'replace' or enter OJI leave
  - Individual employees do not have the ability to enter their own OJI leave
  - Days granted are tracked through our Time and Attendance system
- Each follow-up visit requires a new Physician Certification form





# ALABAMA STATE BOARD OF ADJUSTMENTS

## INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT CLAIM FOR ON THE JOB INJURY

[www.bsadi.alabama.gov](http://www.bsadi.alabama.gov)

**NOTE:** 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.

**Please Note:** The claims process may take several months to complete.

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Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment  
600 Dexter Avenue, Suite E-302  
Montgomery, AL 36130-1435

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment  
State Capitol Building, Suite E-302  
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

\*\*\*\*\*

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)

2. Enter your personal information. Enter your Name, Address, Telephone Number(s), E-mail Address, the last four digits of your Social Security Number or the last four digits of your FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant.

3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

4. **Enter the facts of the claim:**

A. Enter the date the injury occurred.

B. Enter the date notified by employer of your privilege to file a claim with the Board of Adjustment.

C. Enter the location and address where the injury occurred. (Example: Lunchroom at City Elementary, City, Alabama 36000)

D. A statement of facts describing the injury and the events surrounding the injury. Documentation must accompany the claim for proof of the injury. Provide an official accident or incident report showing the date of the injury. The report must be signed by a supervisor or some other official. Any other evidence to prove that the incident upon which the claim is based took place must be attached. (Example: Dated and signed witness statements.)

5. If this was an on-the-job injury, check yes. If no, use Personal Injury Form. This form can be found on the Board of Adjustment web site shown at the top of this page.

6. **Employer Information:**

A. Enter the name, address and telephone number of your employer.

B. Enter your job title at the time of the injury.

C. Enter your supervisor's name at the time of the injury.

D. If you are still employed with employer listed in 6A check the "Yes" box.

E. If you are no longer employed with employer listed in 6A, enter your last date of employment.

injury incurred as a result of the injury. List each injury charged by each. You must provide evidence of injury (it was provided, and the charge, as well as a summary sheet). Board of Adjustment will determine if claimant is not covered by insurance, this

List all insurance companies and state how much

each

claimant MUST complete this section.

Check "Yes"; otherwise, check "No."

Indicate if from any source, such as Social Security disability, check "No".

Disability.

Medical statement, or report from physician) that claimant is left with a disability stated in terms of body is involved (arm, leg, finger, etc.).

and.

For leave used, list each separately. You must

indicate that claimant was unable to work because

of injury or the leave deducted and verification from employer of accident or injury.

Leave accrual balances and years of service.

Indicate whether the amount you have entered is for

per day(s)

the box indicating whether the amount is per

hourly or daily rate.

Personal injury, such as damages to automobile, Mileage Log which is available on the Board such as MapQuest or Google maps for each web site, <http://comptroller.alabama.gov>.

Medical.

Items described in Items 7.A., 9.C., 10.D. and

your name and have the notary complete the

### BOARD OF ADJUSTMENT

### ON THE JOB INJURY - ON THE JOB

DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.

Claim No.: \_\_\_\_\_

Alabama against which you are making this claim:

\_\_\_\_\_

\_\_\_\_\_

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Office Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Last four digits of Business FEIN: \_\_\_\_\_

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# SCENARIOS TO WATCH OUT FOR...

- Employees that may not be familiar with the OJI process who experience an OJI event, possibly notify administration or office staff via *passing conversation*, but never are instructed on how to proceed
- Employees/Administration who witness a possible OJI event, are genuinely concerned about the employee's well-being, but never think about notifying them of the OJI policy/forms





**WHAT STEPS DOES YOUR DISTRICT TAKE  
THAT YOU THINK HELPS OR HINDERS THE  
ON-THE-JOB INJURY PROCESS?**



# QUESTIONS?

- Laura Nance

- [lnance@jefcoed.com](mailto:lnance@jefcoed.com)
- (205) 379-2001

- Brandon Seigman

- [bseigman@jefcoed.com](mailto:bseigman@jefcoed.com)
- (205) 379-2002

