

Risk Management / Insurance Programs for School Systems

On the Job Injuries



AASBO Certification Program

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Alabama Department of Education

Code of Alabama

- **16-1-18.1 Accumulation of Sick Leave**
 - (a) Definitions**
 - (b) Sick Leave for Employees
 - (c) Sick Leave Accumulation and Transfer
 - (d) On-The-Job Injury**
 - (e) Vacations and Leaves of Absences

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Definitions

- **Employee 16-1-18.1(a)(1)**
 - **Any individual employed full time . . . and adult bus drivers**
- **On-The-Job Injury 16-1-18.1(a)(4)**
 - **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.**

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On-the-Job Injuries

- **16-1-18.1(d) On-The-Job Injuries**
 - (1) Notification of Injury**
 - (2) Physician Certification**
 - (3) Salary Continued**
 - (4) Extension of Days**
 - (5) Reimbursement to Employer**
 - (6) Employee's Sick Leave**
 - (7) Additional Expenses (Employee)**
 - (8) Notification to employee**

On-the Job Injury

Notice of Injury

- Within 24 hours after occurrence of the injury, the employee must make proper notification of the injury to the local superintendent of education (or school principal, if applicable) in accordance with the notification procedures of the local board of education.

On-the Job Injury

Notice of Injury

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

On-the Job Injury Notice of Injury

- Each board of education will establish procedures and forms for notification of on-the-job injury.
- ALSDE provides an example form on their website

**LOCAL EDUCATION AGENCY
INJURY REPORT**

1. Name of Injured Employee (Please type or print) (Last) (First) (MI)		2. Social Security Number ____-____-____	3. Date of Birth ____/____/____	4. Sex ____ M ____ F
5. Home Address (Number and Street) (City or Town) (State) (Zip)		6. Telephone Number Home () Work ()	7. Job Title	8. Status ____ Full Time ____ Part Time ____ Contract
9. Employing Agency		10. Agency Address (Number and Street) (City or Town) (State) (Zip)		
11. Date of Injury ____/____/____	12. Time of Injury ____:____ a.m. ____ p.m.		13. Date Employer Notified ____/____/____	
14. Is employee covered by medical insurance? ____ Yes ____ No If yes: ____ Blue Cross/Blue Shield ____ Other: _____		15. Name and address of attending physician		
16. Name and address of medical facility where treated ____ Hospitalized ____ Outpatient ____ Emergency Treatment		17. City or town where injury occurred	18. Location or place where injury occurred	
19. Describe fully what happened to cause the injury or illness				
20. Describe the injury or illness in detail and indicate the body part(s) affected				
21. Were there any witnesses to the injury? ____ Yes ____ No (If "yes", give name, address, and telephone number)				
22. _____ Signature of injured person Print Name Telephone Number (Daytime) Date				
23. _____ Signature of Supervisor (or other designated authority) Print Name Telephone Number (Daytime) Date				

This is an example
form for documenting
an injury if an
employee has suffered
an on-the-job injury

On-the Job Injury Notification to Employee

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

On-the Job Injury Physician Certification

- The board policies 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 superintendent may require a second opinion at the expense of the board.

On-the Job Injury Physician Certification

- The local board may also require the physician's statement that there is a reasonable expectation that the injured employee will be able to return to work.
- A uniform physician certification form adopted by the State Board of Education is to be used by the local boards.

**LOCAL EDUCATION AGENCY
PHYSICIAN CERTIFICATION FORM**

1. Name of Injured Employee (Please type or print) (Last) (First) (MI)		2. Social Security Number ____-____-____	3. Date of Birth ____/____/____	4. Sex ____ M ____ F
5. Home Address (Number and Street) (City or Town) (State) (Zip)		6. Telephone Number Home () Work ()	7. Job Title	
8. Status ____ Full Time ____ Part Time ____ Contract		9. Employing Agency		
10. Agency Address (Number and Street) (City or Town) (State) (Zip)		11. Date of Injury ____/____/____		
12. Is there a reasonable expectation that the employee will be able to return to work? ____ Yes ____ No		13. If "yes" on item 12, give the date or approximate date of return. ____/____/____		
14. If the employee can return to work, are there any restrictions on the employee's duties? If so, how long will the restrictions apply?				
15. If "no" on item 12, give details for employee not being able to return to work.				
16.				
<div style="display: flex; justify-content: space-between;"> _____ Signature of Attending Physician _____ Print Name _____ Telephone Number _____ Date </div>				

This form is for
obtaining a physician's
certification that an
employee obtained an
on-the-job injury

On-the Job Injury Salary Continued

- Once the superintendent 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.

On-the Job Injury Employees Sick Leave

- Sick leave days will not be deducted for the days the employee is paid for an absence approved for on-the-job injury pay.

On-the Job Injury Extension of Days

- The board may adopt a policy to extend the 90-day period.

On-the Job Injury Reimbursement to Employer

- The school board may request state funds for reimbursement for the cost of substitutes for the employee injured on the job.
- The reimbursement is limited to 90 days for each approved on-the-job injury at the state-funded daily substitute rate.
- Reimbursement is contingent on annual legislative appropriations.

**LOCAL EDUCATION AGENCY
REIMBURSEMENT TO EMPLOYER FORM**[illegible]

This form is for the
local board to
request
reimbursement for
paying substitutes
for the employee
who suffered an on-
the-job injury

On-the Job Injury

Additional Expense (Employee)

- The employee may file for reimbursement with the State Board of Adjustment for 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.

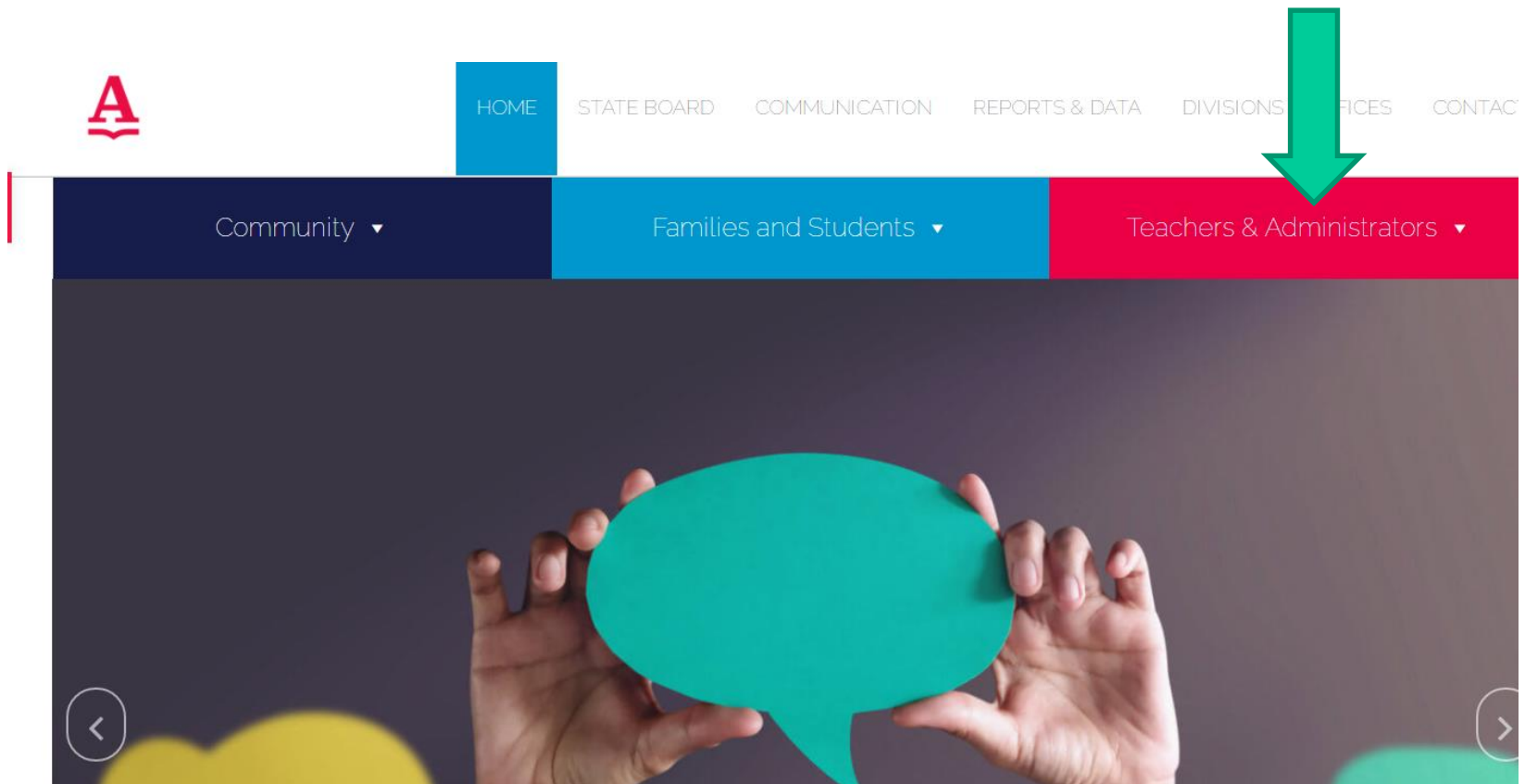
On-the-Job Injury

Claim for On-The-Job Injury

- Alabama State Board of Adjustment
www.bdadj.alabama.gov
- Claims must be filed within one year from date of injury (two years for death).
- Claims for out-of-pocket medical expenses not paid by private insurance.
- Claims for lost wages and/or compensation for leave used.

Employee Leave Laws

[HOME - Alabama Department of Education \(alabamaachieves.org\)](http://alabamaachieves.org)



Employee Leave Laws

Teachers & Administrators 

Academic Standards

Accountability

Alabama Public and Private School Listing

Alabama School Calendars

Career and Technical Education

Child Nutrition Programs

Cognia

Compliance Monitoring

Content Areas Specialty ▶

Counseling and Guidance

Drivers and Traffic Safety Education

Educational Technology ▶

Federal Programs

Gifted Education

LEA Accounting

LEA Fiscal Accountability

Mental Health Resources ▶



EMPLOYEE LEAVE LAWS

On the ALSDE Website

- Employee Leave Laws
- Catastrophic Sick Leave Transfer Form
- Military Leave
- **On-the Job Injury**
 - **LEA Injury Report Form**
 - **LEA Physician Certification Form**
 - **LEA Reimbursement to Employer Form**

EMPLOYEE LEAVE LAWS

For Alabama Public School Employees

- **Sick leave**
- **Personal leave**
- **Sick leave banks**
- **Catastrophic sick leave**
- **On-the-job injury**
- **Leave-of-absence**
- **Vacation leave**
- **Military leave**
- **Military leave differential pay**

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