



Human Resources, Payroll & Benefits

Booth Center

7273 Wing Lake Road
Bloomfield Hills, MI 48301

t: 248.341.5430

f: 248.341.5449

www.bloomfield.org

WORKERS COMPENSATION PROCEDURE ACKNOWLEDGEMENT STATEMENT

USE OF FORM:

The Employee Accident Report form must be used to report all work related injuries to employees of Bloomfield Hills Schools that occur on or off school premises.

Injuries where an employee must be admitted to a hospital must be reported to the Benefits Coordinator (248)341-5431 or the Executive Manager of Human Resources and Payroll (248)341-5432 by telephone as soon as possible. Information on this form is used generally to satisfy State and Federal Information requirements under the Occupational Safety and Health Act (OSHA). All of the information must be provided in full detail.

HOW TO FILE:

This form must be completed and signed by *both* the injured employee and the Supervisor. The form must be filed *immediately* even if the injured employee cannot sign the report until a later time. If the employee and/or Supervisor is unable to complete the report at the time of injury, it shall be completed within 3 calendar days following the occurrence.

REVIEW OF INJURIES:

The circumstances and conditions of each injury will be investigated by the Supervisor. Where such circumstances indicate, a Supervisor's Investigation Report may be requested.

MEDICAL TREATMENT:

The cost of the medical treatment for work-related injuries or illnesses is covered under Worker's Disability Compensation laws. The procedures for obtaining treatment must follow established requirements in order to have medical costs covered.

1st 28 DAYS

For the first 28 days from the date of reporting job injuries, treatment must be obtained only from medical facilities authorized by the District. After the employee notifies his/her Supervisor or Building Principal, all routine medical services shall be obtained from Emcura Immediate Care, 4050 West Maple Road, Suite 101, Bloomfield Township, MI 48301. Contact the Benefits Coordinator or Executive Manager of Human Resources and Payroll for approval at SDare@bloomfield.org or (248)341-5431 or KHealy@bloomfield.org or (248)341-5432.



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For life-threatening injuries, or accidents outside normal business hours, medical treatment shall be obtained at St. Joseph Mercy Hospital, 900 Woodward Avenue, Pontiac. No other medical facilities may be used by an employee without prior authorization. Contact the Benefits Coordinator or Executive Manager of Human Resources and Payroll for approval.

After 28 DAYS

All medical visits after 28 days may be made only after an Employee has notified the Benefits Coordinator when and where treatment will be obtained. In no event, however, will authorization for service include prior agreements to pay for the costs of the service unless such costs are considered reasonable fees for the service by our insurance service agent.

FAILURE TO FOLLOW THESE WORKERS COMPENSATION PROCEDURES MAY RESULT IN A DISPUTE OF THE CLAIM AND NON PAYMENT BY THE WORKERS COMPENSATION CARRIER. THE EMPLOYEE MAY BE SOLEY RESPONSIBLE FOR ALL COSTS INCURRED. THE MEDICAL INSURANCE CARRIER WILL NOT ACCEPT LIABILITY FOR A WORKERS COMPENSATION INJURY PAYMENT WHEN A DISPUTE AND NON PAYMENT IS MADE FROM THE WORKERS COMPENSATION CARRIER.

I HAVE READ AND ACKNOWLEDGE THE AFOREMENTIONED POLICY ON REPORTING AND TREATING FOR WORK RELATED INJURIES OR ILLNESSES. I UNDERSTAND I MAY BE RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH A DISPUTED CLAIM IF I DO NOT COMPLY WITH THESE INSTRUCTIONS.

Employee Signature: _____

Print Name _____

Date: _____