ADMINISTRATIVE REGULATION 3205 (b)
SOUTH ORANGE COUNTY BUSINESS
COMMUNITY COLLEGE DISTRICT

WORKERS' COMPENSATION BENEFIT

One of the many benefits received by the employees of the South Orange County Community College District is provided through a District-funded Workers' Compensation Program. The program provides employees with medical treatment and benefits should they become injured or ill as a result of work-related causes.

The Workers’ Compensation program includes the following elements:

1. **Report the Work Injury**
   The employee must immediately report the work injury to the immediate supervisor, no matter how minor. If the direct supervisor is unavailable, immediately contact the Risk Management Department. A workers’ compensation packet must be provided to the employee by the supervisor and immediate notification of the injury to the Risk Management Department. The complete packet is sent to the District Risk Manager. The packet is available on the Risk Management district-wide intranet web site.

2. **Supervisor’s Responsibility**
   It is the supervisor’s responsibility to provide the injured employee the Worker’s Compensation packet immediately. The supervisor is also required to ask if the injured employee would like to seek medical care for their work related injury and to monitor the injured employee’s medical status throughout the life of the claim. It is the supervisor’s responsibility to complete the supervisor’s report of injury form and submit to District Risk Manager for every incident.

3. **Medical Treatment Costs for Workers’ Compensation will be paid by the District**
   During the initial hiring process, the Office of Human Resources provides the new employee with Workers Compensation Verification - Employee Notification of Personal Physician form, FS #41, which gives the option of designating a personal physician. In the event the new employee does not elect to designate a personal physician, the employee would seek medical treatment through the Medical Provider Network. The employee can choose to pre-designate their own doctor at any time of employment, prior to a work injury. This pre-designation must be filed prior to a work injury.

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Revised: 6-14-12 Page 1 of 2
4. **Off Work Approval**

   Each employee is authorized for 60 days of industrial leave per approved workers’ compensation claim. If the employee will be off work as a result of this injury/illness, the employee MUST provide the immediate supervisor with a completed Off-Work Order from the authorized treating physician. Time off will be deducted from employees’ industrial leave balance.

   Any time off not resulting from a treating physician’s authorized absence for the industrial injury will be deducted from the employee’s available sick leave on a pro-rated basis.

5. **Return to Work Authorization**

   A Return to Work Authorization, completed by the authorized treating physician, must be presented to the Risk Management Department when the employee returns to work. The District Risk Manager will ensure the respective supervisor, Human Resources, and Payroll are notified.

   a. If there are no restrictions stated in the Return to Work Authorization, the employee may return to their current assignment.

   b. If there are temporary work restrictions, the employee must immediately notify their direct supervisor. The supervisor would determine if the temporary restrictions can be accommodated and then notify the District Risk Manager.

   b. If there are permanent work restrictions, the employee and supervisor must meet with the Director, Human Resources, Employer/Employee Relations, EEO, Diversity Compliance & Training, and the District Risk Manager to determine if the employee will be able to return to work if the injured employee requires accommodations or modifications as a result of the work related injury.

   c. It is the employee’s responsibility to keep the supervisor and the Risk Management Department informed of their work status throughout the life of the claim.

6. **Confidentiality**

   It is very important to remain confidential with information pertaining to a Worker’s Compensation claim.

7. **Questions**

   Contact the Risk Management Department of the South Orange County Community College District if there are any questions regarding the foregoing procedure.