



PROCEDURES FOR WORKERS' COMPENSATION

1. **REPORTING THE INJURY: CALL IN ALL INJURIES NO MATTER HOW MINOR/MAJOR THEY SEEM TO BE.**

- A. When any employee (anyone paid by Escambia County School District), permanent, substitute or temporary has an injury at work, they must call Corvel Corp., the District's Third Party Administrator, at **800-906-4461** to report the injury. Corvel is open 24 hours a day, 7 days a week. Corvel will tell the injured employee what medical facility to go to for treatment.

Should the injured employee have questions or concerns regarding follow up care for the first 90 days after their accident, they should call the Corvel nurse at **866-494-6631**.

- B. Complete an **EMPLOYEE/SUPERVISOR ACCIDENT REPORT FORM** online for **ALL** injuries. The form is now electronic and can be found on the District's Web page under Risk Management & Benefits, **WORKERS' COMPENSATION** or Online Claim Reporting. A copy of the new online form guide is enclosed. The form must be submitted electronically, we will no longer accept the paper form.

2. **CODING FOR PAYROLL:**

- A. No leave should be entered for time missed for going for medical care on the day of injury.
- B. If an employee is put in a no work status OR is released to return to work, please notify the appropriate adjuster and send a note from the authorized treating physician immediately.

Please be sure to attach a copy of the physicians note with paperwork sent to payroll and keep a copy for the school/facilities file.

- C. Coding for the "TEN FREE DAYS" is 710. Code 710 is for permanent employees only. The employee must have a note from the authorized treating physician to cover the period of time missed.

SUBS AND TEMPORARY EMPLOYEES ARE NOT ELIGIBLE FOR CODE 710

- D. After the 10th day, if the employee is still off work (with a physician's note), they will go on Workers' Compensation Leave Without Pay, code 443. The employee will receive 66 2/3% of their pay from the Workers' Compensation Department.

PLEASE NOTE: Payroll does not forward any documentation they receive from any source to the Worker's Compensation Department.

Please provide a copy of all documentation/medical notes regarding the injured employee to the appropriate Adjuster & Risk Management Specialist.

If you have any questions or concerns please call:

For Employees with the last names beginning with the letters A – L:

Jean Bradish..... 469-6167..... jbradish@escambia.k12.fl.us Adjuster

Cindy Hayes..... 469-6287..... chayes@escambia.k12.fl.us Risk Management Specialist

For Employees with the last names beginning with the letters M – Z:

Kristi Baughn..... 469-6163..... kbaughn@escambia.k12.fl.us Adjuster

Dawn Wilson..... 469-6159..... dwilson4@escambia.k12.fl.us Risk Management Specialist