

Knowledge Quest Academy

Employee First Report of Injury

Note: Knowledge Quest Academy requires that any employee who has had a work-related incident, which results in injury, must report the incident immediately to his/her supervisor and complete this form. Loss of benefit penalties may be imposed if you fail to complete this form and return it to your supervisor or district office within 24 hours. Employee must complete each section of this form and return copy or original to the District Administration as soon as possible, so this report can be filed with the District's workers' comp carrier. Failure to do this may result in employee responsible for payment to doctor's office.

A. Critical Information

Employee's Name: _____
 First **Middle** **Last**

SSN: _____ Phone: _____

Address: _____
 Number/P.O. Box **City** **Zip**

Age: _____ Date of Birth: _____ Marital Status: _____

Email Address: _____

B. Accident Information

Date of Injury: _____ Time of Injury: _____

Last Day Worked: _____ Date Employer Notified: _____

Who did you notify: _____

Place of accident/injury: _____

Accident Address: _____

Names of Witnesses: _____

Describe affected body parts injured: _____

Please explain how accident/injury occurred in space provided below: (please print legible)

Employee's recommendations for corrective action to prevent incident from occurring in the future:

Employee's Signature

Date

EMPLOYEE'S REPORT OF INCIDENT

Knowledge Quest Academy requires that any employee who has had a work-related incident, which results in injury, must report the incident immediately to his/her supervisor and complete this form. Loss of benefit penalties may be imposed if you fail to complete this form and return it to your supervisor or district office within 24 hours.

I, _____ employed by **Knowledge Quest Academy** was involved in a work-related incident, which resulted in an injury.

These are the locations of the six approved designated providers.

UC Health Occupational – Greeley
6767 W 29th St
Greeley Medical Center 3rd Floor
Greeley, CO 80634
Telephone: 970-652-2474

Banner Occupational Health Colorado
1703 E 18th St, Ste. 4
Loveland, CO 80538
Telephone: 970-820-4580

Banner Occupational Health Colorado-NCMC
1517 16th Ave Ct
Greeley, CO 80631
(970) 810-6810

UC Health Occupational – Orchards -Loveland
221 E 29th St, Ste 102
Loveland, CO 80538
(970) 619-6824

UC Health Harmony Campus
2315 E Harmony Rd, Ste 170
Fort Collins, CO 80528
Telephone: 970-495-8450

UC Health Longmont Clinic – Occupational Medicine
2101 Main St
Longmont, CO 80501
Telephone: 970-237-8036

If you plan to seek medical treatment, please indicate below which provider you will be going to:

Greeley Provider's Name _____ Loveland Provider's Name _____

Fort Collins Provider's Name _____ Longmont Provider's Name _____

I **do not** plan on seeking medical treatment: Initial here: _____

Signed: _____ Date: _____

Workman's Compensation Process

Employee completes the First Report of Injury form which can be found on the district's website. Once the form is completed email to annette.miller@weldre5j.org. The employee must designate which workman's comp provider they will be going to.

The district office (Annette) submits the workman's comp claim. The employee will receive an email from RAS who is our Workman's Comp provider. This information needs to be taken with the employee to their appointment. Annette will work with the Workman's Comp claim's representative to provide any earning information when contacted.

Employees Responsibilities:

Once the claim has been filed the employee is responsible for getting any and all providers their claim number and Workman's Comp provider (RAS). The employee is responsible for working with their designated Workman's Comp claim representative.

Workman's comp does not pay the employee until they have missed three days of work. The employee can use their leave during these three days. The employee needs to provide to their workman's comp representative any hours missed from work after the 3rd day.

The employee is responsible for giving their building principal and Annette in the Human Resource department a copy of their Physicians reports every time they are seen by a workman's comp doctor.

The employee is responsible for following the restrictions stated on the physicians' report.

If the building principal cannot accommodate the restrictions, the employee will be off work until they have been released or until accommodations can be made.

Employee will receive compensation from Workman's Compensation as stated in the District policy.

Compensation is 2/3's gross wage, as they do not take out taxes.

If the employee has any issue with their workman's compensation doctor, they will work with their workman's compensation claim representative to find a new provider.

If the employee has any issues with the process or if they are not receiving payment, they will contact Annette in the Human Resources department for assistance.

Principal's Responsibilities:

Complete Supervisors forms regarding employee's injury. Follow-up with employee to make sure they are receiving the Physicians report each time the employee has an appointment. Review form to see what restrictions have been made and make determination if they can accommodate the restrictions listed.

If they cannot, please contact Annette in HR to discuss.

The building principal will work with Workman's Comp claims representative regarding any time the employee has missed from work and will provide the claim representative with the date the employee returned to work and if the date of return was a full day or half day. The building principal will ensure the employee is putting in dock days if they have not been able to work.

Provide any missed time to Annette and to the assigned workman's comp representative.

Notify Annette once the employee is back to work full time.