

Occupational Injury/Illness/Incident Report

- Must be completed and submitted to HR within 24 hours of injury/illness/incident
- Either the Employee or the Supervisor can complete form
- Please be specific when describing injury/illness/incident

FAIRMONT STATE UNIVERSITY / PIERPONT COMMUNITY AND TECHNICAL COLLEGE OCCUPATIONAL INJURY/ILLNESS/INCIDENT REPORT

Use this form for EMPLOYEES ONLY (faculty, staff and student workers for work-related reports)

In order for all claims to be filed correctly, this form must be filled out completely and accurately within 24 hours of injury.

Please contact Cindy Curry at x4386 or Elizabeth McCutcheon at x4383 prior to placing this form in campus mail.

Date Reported: _____ Date of Birth: _____
 Name of Injured: _____ Title: _____
 Social Security Number: _____ Home Telephone # _____
 Department/School: _____ Email Address: _____

INJURY/ILLNESS/INCIDENT DETAILS:

Date of Injury: _____ Time of Injury: _____ a.m. p.m.
 Time Began Work on Date of Injury: _____ a.m. p.m.
 Stopped Work for Injury (if applicable): Date: _____ Time: _____ a.m. p.m.
COMPLETE ONE: Date Returned to Work: _____ **OR** No Time Lost
 Name(s) of any witnesses to injury/illness: _____
 Name of person reporting injury/illness: _____
 Occupational Injury/Illness Report prepared by: _____

ACTIVITY PRIOR TO INJURY / ILLNESS/INCIDENT:

Exact location of accident: _____
 What was employee doing prior to accident? _____
 How did accident occur? _____
 Describe any equipment / materials being used at time of injury/illness: _____
 Was there a malfunction in the equipment? No Yes, explain _____
 What unsafe acts or conditions (if any) contributed to this accident? _____

 Was safety equipment provided? N/A No Yes

MEDICAL:

Nature and extent of known injuries. Please be specific: _____

SAMPLE ONLY

Election of Option Form

- Employee must complete when treating physician's orders are to be off work more than three (3) days. A copy of the Dr's slip must also be sent to HR.
- If the doctor orders the employee off only one day, but the employee elects to take more days off, they MUST use their own sick or annual leave.

WORKERS' COMPENSATION OR SICK LEAVE BENEFITS ELECTION OF OPTION FORM

To be completed by individuals employed by the State of West Virginia

If you are required to be absent from work due to a compensable work-related injury (as defined by the Division of Personnel's Policy, you must choose to receive either Temporary Total Disability Benefits (TTD Benefits) from Workers' Compensation or paid sick leave (defined in Policy). If you elect to receive TTD Benefits, you may use sick leave until you receive your initial TTD Benefit check. Your sick leave will be restored by assigning to the employing agency your initial TTD Benefit check or an amount equal to those benefits for the number of days you used sick leave. The employing agency will restore your sick leave as it corresponds to the days of TTD Benefits you assign, or for which you have paid an amount equal to the TTD Benefits received.

Please read the following information carefully and select the type of benefits you desire by signing the appropriate line

ATTACHMENT TO FORM B1-3

As an employee of a State agency who has sustained a compensable work-related injury, I understand that I must choose either sick leave or Workers' Compensation TTD Benefits, and that I am not legally entitled to both. I fully understand that if I choose to receive TTD Benefits, I must assign my initial TTD Benefit check or pay an amount equal to those benefits to my employer. My employer will then restore my sick leave as it corresponds to the TTD Benefits assigned or the amount paid. If I fail to pay or assign TTD Benefits to my employer, my employer is authorized to deduct the required amount as described above from my subsequent wage payments.

Employee Name: _____ Claim Number: _____

Employee SS Number: _____ Date of Injury: _____

- I elect to receive Workers' Compensation TTD Benefits; however, I elect to use sick leave only until I receive my initial TTD Benefit check, as described above. I understand that while on a Medical Leave of Absence Without Pay and receiving TTD Benefits, sick leave will not accrue; however, annual leave will continue to accrue. Holidays occurring during this period will not be paid. Tenure for the purpose of years of service and seniority will continue to accrue.
- I elect to receive Workers' Compensation TTD Benefits. I do not wish to use sick leave; therefore I will be put on a **Medical Leave of Absence Without Pay** effectively immediately. I understand that while on a Medical Leave of Absence Without Pay and receiving TTD Benefits, sick leave will not accrue; however, annual leave will continue to accrue. Holidays occurring during this period will not be paid. Tenure for the purpose of years of service and seniority will continue to accrue.
- I elect to receive sick leave benefits for the period that I am absent from work. In the event I exhaust my sick leave and (if requested) annual leave, I understand that I may elect to receive TTD Benefits during any remaining period of absence from work due to my compensable work-related injury. The agency will notify Workers' Compensation prior to the exhaustion of my sick leave benefits.