

WHAT TO DO IF YOU HAVE A JOB RELATED INJURY

1. Report the incident to your supervisor immediately. If your supervisor is not available you must report to the next closest supervisor or building secretary.
2. Contact HR: Megan Dongvillo: 269-926-3111 or mdongvillo@sjschools.org to report the incident and notify if medical attention is necessary.

Extreme cases will be transported to the hospital emergency room.

3. Complete the **EMPLOYEE ACCIDENT / INJURY Report**, (below) and scan to mdongvillo@sjschools.org. Send the original via interoffice mail.

This form must be completed and sent as soon as possible the day of the injury REGARDLESS if you are seeking medical attention or not.

4. If medical attention is needed, HR will make an appointment for you at Lakeland Occupational Health where you will be evaluated and treated. You must take a copy of the completed Accident/Injury Report along with the Health Authorization form to your scheduled appointment. HR will provide this form.
5. Next steps are determined once the evaluation is completed by Lakeland Occupational Health and the Activity Status Report is received by SJPS.

After ten (10) calendar days you may seek further treatment from a physician of your choice if necessary.

PAYMENTS:

Do not pay cash or provide personal insurance cards for any worker's compensation treatment. All bills should be sent to:

St. Joseph Public Schools
Attn: HR/Worker's Compensation
2580 S. Cleveland Avenue
St. Joseph, MI 49085



EMPLOYEE ACCIDENT / INJURY REPORT
EMPLOYEE MUST TAKE A COPY OF THIS FORM TO ANY DR. APPOINTMENTS

INJURED EMPLOYEE INFORMATION					
Employee	_____			SS#	_____
Home Address	_____				
City	_____	State	_____	Zip	_____
Sex	Male	Female	Date of Birth	_____	Marital Status
Position	_____		Building	_____	

INJURY INFORMATION			
Date of Injury	_____	Time of Injury	AM _____ PM _____
Where did the injury occur (Building/Location)?			
Was the employee engaged in job duties at the time of the accident? Yes No			
What is the nature of the injury? Please be specific. EXAMPLE: <i>Cut left wrist or cut and twisted left index finger</i>			
Describe in DETAIL how injury occurred. Please be specific. EXAMPLE: <i>Caught left heel in crack on floor or while moving tables in classroom fell on left knee and hit right hand against door</i>			
Witnesses (if any): _____			
Was first aid given in field?	Yes	No	If Yes, by Whom? _____
If Yes, Describe First Aid Given: _____			

- I DID NOT SEEK MEDICAL ATTENTION FOR THIS INJURY**
If medical treatment is sought at a later date for this injury, you must notify Megan Dongvillo at Central Office (3111) immediately to authorize treatment.
- I DID SEEK MEDICAL ATTENTION FOR THIS INJURY**
By contacting the Business Office to schedule an appointment with the District's approved medical facility.
- EXTREME EMERGENCY REQUIRING TREATMENT AT THE NEAREST EMERGENCY CENTER**

Signature of Employee	_____	Date	_____
Signature of Supervisor	_____	Date	_____
Completed By (if not employee)	_____	Title	_____
		Date	_____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE BUSINESS OFFICE WITHIN 48 HOURS OF ACCIDENT/INJURY