Procedure for Work Related Injuries

Directions: If you sustain an injury at work, please follow these directions:

1. Notify your principal/supervisor immediately of your injury. If your work location is off the BOCES Campus, please contact your principal. Do not complete an injury or illness form at any of the other school offices.

2. Complete the Work Related Injury Form within **24 hours** of injury, and return the form to Erin Nuber (enuber@cayboces.org) immediately. Please give specific details as to HOW the accident happened and WHERE you were and WHAT you were doing at the time of injury or illness.

3. Anyone who sustains a work related injury will receive a Claimant Information Packet. If you did not receive a packet, please ask your principal/supervisor for one or contact HR@cayboces.org

4. **If you seek medical treatment YOU MUST disclose to the medical provider that this was a work related injury. If asked for the Workers Compensation Policy Information, please give the medical provider the following information:**

   New York State Insurance Fund (NYSIF) Policy Number: 2573 053-2

5. **NOTE:** Lost time is charged to your sick time. BOCES will ask for reimbursement from the Workers' Compensation carrier and sick time will be restored upon receipt of reimbursement according the the NYS Workers Compensation Board Policy. Please be sure to provide a doctor's note for any missed work to be considered for reimbursement.

6. If you have questions about Workers Compensation Claims, please contact Erin Nuber (enuber@cayboces.org) for assistance.

CAYUGA ONONDAGA BOCES
1879 West Genesee Street Road • Auburn, New York 13021

Employee Work Related Injury Form

1. Employee Name (Please Print): Employee Title:
2. Employee Signature: _____ Date: _____
3. Employee Phone Number:_____ Date of Incident _____
4. Time Employee Began Work _____ AM/PM Time of Incident _____ AM/PM
5. Witnesses: _____ _____ _____
6. Which building injury or illness happened in, and where in the building? Be specific:

   _____
7. What was the employee doing just before the incident occurred? Be specific:
8. What happened? How did the injury occur?:
9. Injury: Be specific: ex. Back of right knee:
10. Please indicate what treatment, if any, was received, when and where. (Were you seen by a doctor or clinic?Please specify facility, personnel giving treatment, and date of treatment):
11. Date employer had knowledge of disability: _____
12. Date employer had knowledge of injury: _____
13. Dates absent from work due to injury or illness: _____
14. Date returned to work _____ (Please call Human Resources (5819) to specify when you are back).
15. Did you receive a Claimant Information Packet? _____

Submit this form to Erin Nuber enuber@cayboces.org within 24 hours of injury