



## ON THE JOB INJURY PROCEDURE

I understand that as a result of being injured on the job, I am to report any such injuries to my supervisor immediately. If I am in need of medical attention, I understand that I should see only physicians listed on the Panel of Physicians posted by the City.

If medical attention is required, I am to advise the Department of Human Resources of the doctor's diagnosis of my injury and if I am able to return to work for full duty or light duty. I should bring a doctor's statement with this information to the Department of Human Resources following my doctor's visit. If totally incapacitated, arrangements will be made with the physician or a family member to notify the Department of Human Resources of my condition. I should remain in communication with the Department of Human Resources and my department while incapacitated.

When seeking medical attention following an on-the-job injury, I will not present my medical insurance card, however, will advise the provider that the injury is work related. The City will then be billed for the doctor's visit. Should I need to have a prescription filled, I will advise the Department of Human Resources as to the pharmacy I intend to use. Most pharmacies will bill the City for medication, however, in the event the pharmacy I select requires immediate payment, I will provide the City with a receipt and await my reimbursement from the insurance company.

I understand that the first seven (7) days I am out due to an on-the-job injury will be charged to my sick or annual leave or leave without pay. I understand that if I am out of work over seven (7) days, I will begin to receive checks from the insurance company for time lost from work. This may continue for up to six months, if I am still unable to return to work. After six months, I will be required to use my accrued sick and annual leave or request a leave of absence. I may also request assistance from the Sick Leave Pool Committee. Once my sick and annual leave is exhausted, I will be laid off from the City on Worker's Compensation. I will continue to receive checks from the insurance company for time lost until I am able to return to work or upon agreement with the insurance company.

Failure to follow the above mentioned procedure may subject me to disciplinary action.

I understand I may receive further information from the Department of Human Resources.

I acknowledge that I have received a Worker's Compensation brochure.

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EMPLOYEE SIGNATURE

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DATE