

HEALTH & WELLNESS CENTER SERVICES

Hours: 7:00 a.m. – 2:30 p.m.

Mission: The Mission of the Lincoln High School Wellness Center is to promote physical and emotional health, provide access to resources and develop social, physical and emotional support programs to create a safe, positive and engaging learning environment.

Access: *A pass to the health center, signed by a staff member with student name, date and time is required for student admission to the health office, except in case of an emergency.*

First Aid

1. Provide first aid for injury and illness
2. Staff training
3. First aid specialist and consultant for the school and other staff
4. Administers routine and as needed medications for students according to district medication policy
5. Supplies first aid kits to classrooms, *refills available upon request (x 2137)*

Health Assessment

1. Screening
 - a. Vision screening of:
 - i. all students new to district, in ninth grade, with initial or triennial IEP
 - ii. any student with a problem identified by student, parent or staff
 - b. Hearing screening of:
 - i. all students new to district, all students with initial or triennial IEP
 - ii. any student not screened in middle school, any student with known hearing deficit
 - iii. any student with a problem identified by student, parent or staff
 - c. Referral, counseling and follow-up for correction or acceptance of noted defects (*access to free or low cost glasses*)
 - d. Physical, social/emotional concerns with access and referral to appropriate community support services
 - e. Member of committee for identification, assessment and placement of students in need of specialized academic instruction

San Ysidro Health Center Clinic Referrals and Follow-up

Our students are fortunate to have primary care and mental health services available Monday through Friday from 8:30-12:00. This provides them with access to free primary care and mental health services. Every effort is made to avoid appointments that interfere with an A-G course. However, due to clinic hours, there may be times when a student will need to be seen during an A-G course. When students are scheduled for routine, on-going care, courses are rotated each week to limit impact to any one specific course. Please support our efforts to ensure that our students are healthy, in school and ready to learn by accommodating the clinic schedule. If there is a particular concern, please call the school nurse to discuss (x6502).

Health Education and Counseling

1. Individually with students, parents and staff
2. Member of school attendance team, assessing impact of health concerns on attendance, facilitating appropriate referrals to address these concerns. Coordinates with students primary care provider to remove health barriers to education
3. Coordinates with San Ysidro Health Center staff, school counselors and school psychologists to address social and emotional concerns of individual and groups of students
4. Resource for health education, provides materials, information and speakers (Health & Community Resource Fair, Assemblies)

Control of Communicable Disease

1. Immunization verification and referrals as needed, facilitates completions of mandated immunizations
2. Investigates selected absences

Communication

1. Maintains health records of all enrolled students
2. Informs teachers regarding any health concerns and necessary accommodations
3. Coordinates teacher/parent/nurse/administrator student focused conferences,
4. Participates in school, staff and parent functions, makes home visits and initiates parent contacts as needed
5. Liaison with community and private health resources

OCCUPATIONAL MEDICAL FACILITIES

MANDATED POSTER BY THE STATE OF CALIFORNIA

In case of workplace injury, first notify your supervisor

Call 911 if the injury or illness is an emergency

San Diego Unified School District has arranged for medical care to be provided at the specialized work related injuries/illness occupational medical facilities listed below. No appointment is necessary. Inform the medical facility that you are a SDUSD employee and request that they **send medical reports and billing to York Risk Services Group, Inc.**

In the event of a serious injury/illness of an employee: CALL CalOSHA at (619) 767-2280 within 8 hours of the accident.

Serious injury/illness is defined as any injury/illness occurring in a place of employment, or in connection with any employment, which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation, or in which an employee suffers a loss of any member of body, or suffers any serious degree of permanent disfigurement. **Failure to report to CalOSHA may result in a fine of up to \$5,000 to the site.**

MISSION VALLEY/ HILLCREST

UCSD Medical Center Hillcrest

8:00 am - 4:15 pm
330 Lewis Street, Ste 100, SD 92103
(619) 471-9210

UCSD Medical Hospital Hillcrest

***After Hours Care**
200 W. Arbor Drive, SD 92103
(858) 657-7000

U.S. HealthWorks

7:00 am - 6:30 pm
3930 Fourth Ave, Ste 200, SD 92103
(619) 297-9610

Kaiser On-the-Job

9:00 am - 4:00 pm
4647 Zion Ave., 1st Floor, Ste 155
San Diego 92120
(619) 528-5062

Kaiser Permanente Hospital

***After Hours Care**
4647 Zion Avenue, SD 92120
(619) 528-5700

CONCENTRA

(FORMERLY - Mission Valley Medical Center)
8:00 am - 5:00 pm
5333 Mission Center Rd, Ste 100
San Diego 92108
(619) 295-3355

CAMP PALOMAR

U.S. HealthWorks

7:00 am - 5:00 pm
860 W Valley Pkwy, Ste 150
Escondido 92025
(760) 740-0707

CLAIREMONT/KEARNY MESA

U.S. HealthWorks (Open 24 hours)

5575 Ruffin Rd., Ste 100, SD 92123
(858) 277-2744

Sharp Rees-Stealy Genesee

8:00 am - 4:00 pm
2020 Genesee Avenue, SD 92123
(858) 616-8400

Sharp Emergency Room

7901 Frost St
San Diego CA 92123
(858) 939-3400

NORTH COUNTY

UCSD Medical Center UTC/La Jolla

8:00 am - 4:00 pm (call ahead of time)
8899 University Center Lane, Ste 160
San Diego 92122
(858) 657-1600

UCSD Medical Center Thornton Hospital

***After Hours Care**
9300 Campus Point Drive, La Jolla 92037
(858) 657-7612

U.S. HealthWorks

8:00 am - 3:30 pm
10350 Barnes Canyon Rd, Ste 200, SD 92121
(858) 455-0200

7590 Miramar Road, Ste C, SD 92126

8:00 am - 4:15 pm
(858) 549-4255

Sharp Rees-Stealy Sorrento Mesa

8:00 am - 4:00 pm
10243 Genetic Center Dr, SD 92121
(858) 526-6150

***After Hours Urgent Care (858) 526-6100**

5 p.m. - 8 p.m., Monday - Friday
8 a.m. - 8 p.m., Weekends/Holidays

Kaiser On-the-Job

9:00 am - 4:00 pm
400 Craven Road, San Marcos 92078
(760) 510-5350

SOUTH BAY

U.S. HealthWorks

8:00 am - 4:00 pm - Mon - Fri.
(Sat. 9:00 am - 3:00 pm)
542 Broadway, Ste G
Chula Vista 91910
(619) 425-8212
102 Mile of Cars, National City 91950
7:00 am - 6:00 pm
(619) 474-9211

Sharp Rees-Stealy Chula Vista

8:00 am - 4:30 pm
525 3rd Ave., Chula Vista 91910
(619) 585-4050

***After Hours Urgent Care (619) 585-4000**
Open 8 a.m. - 8 p.m. daily

Kaiser On-the-Job (Otay Mesa)

9:00 am - 5:00 pm
4650 Palm Ave., Bldg 2, 2nd Floor Area 228
San Diego 92154
(619) 662-5006

EAST COUNTY

U.S. HealthWorks

7:00 am - 5:00 pm
9745 Prospect Ave, Ste 100
Santee 92071
(619) 448-4841

Sharp Rees-Stealy La Mesa

8:00 am - 5:00 pm
5525 Grossmont Center Dr, La Mesa 91942
(619) 644-6600

***After Hours Urgent Care (619) 644-6625**
Open 8 a.m. - 8 p.m. daily



STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: www.wellcomp.com

MPN Effective Date: 11/01/2008 MPN Identification number: 2387

If you need help locating an MPN physician, call your MPN access assistant at: (800) 544-8150

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: (800) 544-8150

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN:

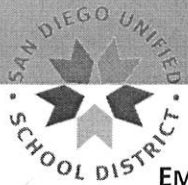
Página web de la MPN: www.wellcomp.com

Fecha de vigencia de la MPN: 11/01/2008 Número de identificación de la MPN: 2387

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: (800) 544-8150

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: (800) 544-8150

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.



WORK-RELATED INJURY/ ILLNESS FLOW CHART

EMPLOYEES ARE REQUIRED TO IMMEDIATELY REPORT ALL WORK-RELATED INJURY/ILLNESSES TO THEIR SUPERVISOR
IF SERIOUS OR MAJOR INJURY, CALL 911

The site is required to call Cal/OSHA at 619. 767.2280 within 8 hours of the injury in the event of a serious injury or illness defined as requiring inpatient hospitalization for other than medical observation, or in which an employee suffers a loss of any member of body, or suffers any serious degree of permanent disfigurement. Failure to do so may result in a fine of up to \$5,000 to the site.

Following report of injury:
Does Employee Want To Seek Medical Treatment And File A Claim?

YES

Within 24 hours or less

Supervisor immediately completes and sends the Supervisor's Report of Injury/Illness Form 78 to Risk Management either by

- Fax: 858.627.7353 or
- Email: risk-management@sandi.net

Employee obtains medical treatment at one of the authorized Occupational Medical Facilities

Within 3 days

Supervisor must send the Supervisor's Report of Injury/Illness Form 78 with principal or department head's signature to Risk Management either by

- Fax: 858.627.7353 or
- Email: risk-management@sandi.net

After Each Doctor's Appointment
Employee must give the Work Status Report, or Doctor's Note that shows current work status report to supervisor

NO

Within 24 hours or less

Employee fills out the Declination of Medical Treatment Form

Supervisor immediately completes and sends the Supervisor's Report of Injury/Illness Form 78 and Declination of Medical Treatment to Risk Management either by

- Fax: 858.627.7353 or
- Email: risk-management@sandi.net

Within 3 days

Supervisor must send the Supervisor's Report of Injury/Illness Form 78 with principal or department head's signature to Risk Management either by

- Fax: 858.627.7353 or
- Email: risk-management@sandi.net

If medical treatment is requested by employee at a later date

Supervisor notifies Risk Management with the name of authorized Occupational Medical Facility the employee went to, either by

- Phone: 858.627.7347 or
- Email: risk-management@sandi.net



Supervisor's Report of Injury/Illness - Form 78
(For supervisor, not injured employee, to report work-related injury/illness)

Completing this form is not an admission of SDUSD liability

Reference: Administrative Procedure 5170

- ❖ Complete all sections of the Supervisor's Report of Injury/Illness - Form 78 and fax to Risk Management at FAX (858) 627-7353 or scan and email to risk-management@sandi.net. Do not wait for the principal/department head's signature.
- ❖ Use additional pages as needed to provide all pertinent information regarding this employee's injury/illness.
- ❖ Contact Risk Management at (858) 627-7347 or risk-management@sandi.net to verify receipt of your report.
- ❖ Print and fax or scan/email a copy Supervisor's Report of Injury/Illness with Principal/Department Head's signature to Risk Management.

IMPORTANT: The site is required to call CalOSHA at (619) 767-2280 within 8 hours of the injury in the event of a serious injury or illness defined as requiring inpatient hospitalization for other than medical observation, or in which an employee suffers a loss of any member of body, or suffers any serious degree of permanent disfigurement. Failure to do so may result in a fine of up to \$5,000 to the site.

Employee Information

Employee's First & Last Name		Position Title		School/Department	Location #	Work Phone #	Ext
Employee's Mailing Address (not SDUSD)		City	Zip Code	SDUSD Employee ID #		Home Phone #	
Scheduled Days at Site <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Start Time <input type="checkbox"/> am <input type="checkbox"/> pm		End Time <input type="checkbox"/> am <input type="checkbox"/> pm		Non-Employee <input type="checkbox"/> Volunteer (Registered) <input type="checkbox"/> Student Paid by SDUSD	
Total Hours Worked Per Week _____							

Injury/Illness Information

Date of Injury/Onset of Illness	Time Injury/Illness Occurred <input type="checkbox"/> am <input type="checkbox"/> pm	Witnesses <input type="checkbox"/> No <input type="checkbox"/> Yes, full name(s)
What part of body is affected? (Example: index finger, left ankle, upper back)		What is the specific injury/illness? (Example: cut, sprain, strain)

Describe How Injury/Illness Occurred. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.

Example: Employee was walking from the classroom to the administration office when she tripped over uneven pavement and fell on both knees)

Where did the injury/illness occur?

School/Department:	Address:	City:	Zip Code:
Was Employee acting within the normal course of duties? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain)			
Any equipment, chemical, materials, etc. used at time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain)			
Are physical repairs necessary to site? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, explain)			
Was employee following safety procedure(s) when injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)			
Has corrective action been taken to prevent a reoccurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain)			

Medical Treatment (Select One Below) - Employee receiving medical treatment may not return to work without a medical release.

<input type="checkbox"/> NO Medical Treatment Sought
<input type="checkbox"/> NO Medical Treatment Sought. Employee was seen by School Nurse. _____
<input type="checkbox"/> YES, Medical Treatment Sought. Provide Medical Facility Name and Address _____
<input type="checkbox"/> YES, Medical Treatment Sought. Employee has a Pre-Designation of Personal Physician Form on file with the Risk Management Department. Medical Facility & Physician's Full Name: _____ Address:(Street, City, Zip) _____ Phone: _____

Completed By: (Supervisor, not injured employee, to report work-related injury/illness)

Print Name	Title	Work Phone #	Ext #
Date of Supervisor's Knowledge/Notice of Injury/Illness	Signature	Date Signed	

Principal/Department Head

Print Name	Title	Signature	Date Signed
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Declination of Medical Treatment

Employee Name:	Employee ID:
Date Of Injury (DOI):	Affected Body Part:

- I _____ have advised my supervisor of an injury that occurred in the course of my employment on ____/____/____.
- I do not feel my injury warrants medical attention at this time.
- However, if I choose to consult a physician at a later date for my injury, I will first notify my supervisor.
- My supervisor will notify Risk Management Department asap.

Employee Signature

Date/Time

Signature of Contact/Supervisor

Date/Time

Print Name of Contact/Supervisor

Phone Number



San Diego Unified School District

EUGENE BRUCKER EDUCATION CENTER

Revere Center, Room 7, 4100 Normal Street, San Diego, CA 92103-2682 Fax: 858-627-7353

Phone: (858) 627-7345

RISK MANAGEMENT DEPARTMENT

***Provide this form to each witness at the beginning of the investigation of an Occupational injury/illness/accident.**

WITNESS STATEMENT

Name of Injured Employee/Worker:	
Date of Injury:	Time of Injury:
Name of Witness:	Work Location:
Telephone (Work):	Telephone (Home/Cell):
Home Address:	
Work Relationship to Party or Parties involved in Injury:	
Where were you (location, distance from the accident, etc.) at the time of the injury?	
What were you doing at the time of the injury?	
What did you observe?	
Any additional comments?	
Date:	Witness Signature:



Industrial Accident Leave

Empl ID:

Name (Last, First):

Location No.:

- ☐ CERTIFICATED
☐ CLASSIFIED
☐ FOOD SERVICE

ABSENCE DATES:

FROM DATE

MM - DD - YY

TO DATE

MM - DD - YY

of Days

Hours/Day*

*8 hours/day =
Full-time assignment

Timekeeper: See below for
Time Reporting Code Information

DATE OF ACCIDENT:
MM - DD - YY

DESCRIBE ACCIDENT/ILLNESS:

I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE

EMPLOYEE'S SIGNATURE

DATE

APPROVAL SIGNATURE

DATE

TIMEKEEPER SIGNATURE

DATE ENTERED IN TIME & LABOR

PHYSICIAN'S CERTIFICATION: REQUIRED FOR ALL ABSENCES

EXAMINATION DATE:

MEDICAL
FINDINGS:

I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO
WORK DURING THE STATED PERIOD

PHYSICIAN'S SIGNATURE

CALIFORNIA LICENSE NUMBER

An employee who is injured on the job must report that injury to his/her principal or department immediately. The administrator must prepare "Employer's Report of Industrial Injury" within 24 hours. Refer to procedure no. 5170 and 7131. Timekeepers: Report all time taken for Industrial Accident (as authorized on this card) with the IA Time Reporting Code at all times. **NOTE:** Illness or accident **not** occurring as a direct result of the employee's school district employment should be reported on the Sick/Personal Business/Personal Necessity Leave form.

Industrial Accident

IA

The Worker's Comp specialist will monitor all time reported as IA and change it accordingly to reduce from the proper leave bank as claim statuses are verified.

Upon reviewing adjusted time in Time and Labor, the timekeeper will see the various TRCs below as the specialist changes them from IA to the correct leave bank adjustment code. The site timekeeper should **NOT** use these codes for time reporting.

Industrial Accident Sick
Leave

IASLF

Industrial Accident Half
Sick

IASLH

Industrial Accident
Vacation

IAVAC

Keep the leave forms and attached physician documentation at the site with your other timekeeping records.

