

<b>FREDERICK COUNTY PUBLIC SCHOOLS</b> <b>Employee's Statement of Injury or Illness Form</b>
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To be completed by the employee and given to their supervisor immediately following the incident

**\*\*\*IMPORTANT-PLEASE COMPLETE ALL SECTIONS\*\*\***

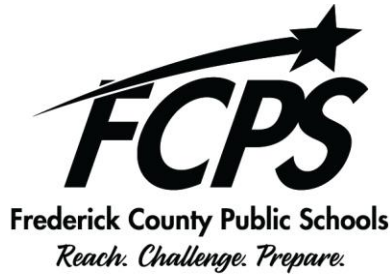
**FAX to 301-644-5122 or Email to: [Workers.Comp@fcps.org](mailto:Workers.Comp@fcps.org)**

*within 24 hours of incident*

Employee Name:			Employee ID#:			
Social Security #:		Date of Birth:		Sex:	Marital Status:	
Home Address:			Position:			
City:	State:	Zip:	Status:	FT <input type="checkbox"/>	PT <input type="checkbox"/>	SUB <input type="checkbox"/>
Phone #:			Date of hire:			
Work Location (School/Department):			How long at Current Job:			
Work Address:		City:		State:		Zip:
Location Where Incident Occurred:						
Part of Body Affected (be specific):						
Date of Incident/Accident:			Time:		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Time You Reported to Work:					AM <input type="checkbox"/> PM <input type="checkbox"/>	
Names/Phone Number of Witnesses:						
Name of Immediate Supervisor:						
Date Employer Notified:			List Individual Notified:			
Medical Treatment Required: Yes <input type="checkbox"/> No <input type="checkbox"/>			Hospitalized: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe any Medical Treatment Received or scheduled to receive:						
If applicable, what personal protective equipment was in use at the time of the incident?						
Physician's Name:			Phone:			
Physician's Address:			City:	State: MD	Zip:	
Treating Hospital:						
COMPLETE DETAILS OF INCIDENT (Be as specific as possible about what happened):						
Date:			Employee Signature:			

**\*\*\*TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENT IS CORRECT\*\*\***

**HUMAN RESOURCES DIVISION  
BENEFITS DEPARTMENT**  
191 South East Street  
Frederick, MD 21701-5918  
301-644-5080 phone  
301-644-5122 fax



**Donna Clabaugh, Senior Manager**  
Donna.Clabaugh@fcps.org

**Sarah Minnick, Personnel Officer**  
Sarah.Minnick@fcps.org

[www.fcps.org/benefits](http://www.fcps.org/benefits)

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**FROM: Sarah Minnick, Personnel Officer, Benefits Administration**  
**SUBJECT: WORKERS COMPENSATION CLAIM**

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We regret to hear that you incurred an injury at work and had to seek outside medical treatment. **Please be sure to submit all doctors' notes/reports to the FCPS Benefits Office.** Your treating physician must confirm any missed time from work is a result of this injury in order for you to be eligible for Workers' Compensation (WC) benefits.

If you are released for work with restrictions and your regular department can accommodate them, you will report to work as normal. If this is not possible, contact the FCPS Benefits Office to seek an opportunity for a light duty assignment. Note that MABE, our WC carrier, will not cover the time missed from work if you fail to seek and or accept a light duty assignment. You will be required to use your own accrued leave.

If you miss any time from work as a result of this injury you must:

- notify the FCPS Benefits Office and your supervisor each day you miss time
- submit a note from your doctor which specifies the dates and the reason for your absence
- complete a leave request form as outlined and directed by your building Administrator

You may receive written communication from MABE, our WC carrier, along with a Maryland State Workers' Compensation Commission Employee Claim Form. It is critical for you to follow the directions that accompany the form and return the form in a timely manner so that your claim and WC benefits can be processed promptly.

MABE will assign you a claim number and respond to any authorizations for lost time or future treatment. MABE cannot pay any bills or issue any checks until they have received the corresponding medical reports from the treating facility. To obtain your claim number and adjuster information, please contact MABE at 800-944-9082 or contact the Benefits Office.

Any leave charged for an approved WC claim will be reinstated provided the following requirements are met:

- The claim is accepted by MABE as compensable and the lost time is approved.
- You are taken off work by a MABE approved doctor or when FCPS is unable to provide a light duty assignment appropriate for the employee's medical restrictions, per Frederick Health Employer Solutions or an approved physician.
- You attend doctor's appointments or treatments with an approved physician if scheduling around work hours is not possible due to the hours the facility is open. This must be approved in *advance* by the Benefits Office.

Note that appointments for treatment and follow up care should be made around your work schedule. If this is not possible, please contact the Benefits Office, 301-644-5092. If you attend a follow up appointment during work hours, you shall communicate these times to your Administrator and follow all leave reporting requirements for your location.

**Temporary Total Disability Benefits (TTD) cover** 2/3 of your average weekly wage at the time of your injury. If you have accrued leave available, this may be used to supplement your wages to keep your paycheck "whole". If you seek your initial medical treatment with Frederick Health Employer Solutions or one of the approved Corvel network providers, FCPS will supplement your wages according to your Negotiated Agreement from the date of injury. TTD benefits are non-taxable income. If you have already received pay for the time that you were off work, payroll will need to adjust your pay on future checks to reflect this tax-exempt status. Note that any supplemented portion of your pay will still be taxed. For details on how the taxes will be processed, please contact the Payroll Office, 301-644-5036.

If you have any questions, please call:

Sarah Minnick 301-644-5092  
Payroll 301-644-5059  
MABE 800-944-9082

Thank you for your cooperation and we wish you the best with your recovery.

