

# **SOUTHERN WESTCHESTER BOCES WORKERS COMPENSATION**

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Southern Westchester BOCES is committed to providing and promoting a safe working environment. To achieve that goal and comply with the law, SWBOCES provides Workers' Compensation coverage for all employees.

Workers' Compensation is an insurance program that provides wage replacement and medical treatment to employees injured or becoming ill arising out of and in the course of employment as determined by the New York State Worker's Compensation Board.

## **PROCEDURES**

All employees must report any on-the-job injury or illness immediately to their supervisor or designee. When an employee is injured at work, the priority is to attend to the medical needs of the injured employee. Call 911 for serious injury or illness requiring immediate attention.

If the nature of the injury or illness prevents you from immediately notifying your supervisor, please do so as soon as possible.

If your supervisor is not immediately available, you may notify their designee in person (i.e. Assistant Principal or Administrative Assistant) or email your supervisor the details of your injury or illness.

Failure to report an employee's injury in a timely manner may delay their ability to receive treatment or jeopardize their right to receive Workers Compensation benefits. Please note, employees can go to an Emergency Room for treatment without a workers compensation claim number, but some health care providers may delay treatment until a claim number is provided.

All forms referenced below can be located on the SWBOCES website at the following:

[www.swboces.org/groups/49386/human\\_resources/workers\\_compensation](http://www.swboces.org/groups/49386/human_resources/workers_compensation)

1. The Employee must complete Employee Claim form (C-3) and submit it to their Supervisor immediately following the injury or illness as soon as

practicable. **It is SWBOCES practice that a C-3 report is completed for every injury or illness no matter how minor.**

2. The Supervisor must complete a C-2F (Employer's First Report of Work-Related Injury/Illness) within ten (10) days of notification of the employee's injury or illness. Special attention should be made to completing ALL parts of the form. Failure to not complete the report properly may result in a denial of benefits for the employee.
3. The Supervisor must approve the C-2F form (Signature of Person Preparing Form, page 3).
4. Completed and approved C-2F form must be forwarded to the Benefits department.
5. C-2F and C-3 forms will be forwarded to NCAComp, Inc. for processing with the State Worker's Compensation Board.
6. If an employee requires immediate medical attention, the employee must inform the doctor or hospital that they were injured on the job and to forward all medical reports and bills to:

NCAComp, Inc.  
14 Lafayette Square  
Suite 700  
Buffalo, NY 14203

**An employee should never make a payment to a provider or hospital for treatment for work-related injuries. SWBOCES has no means of reimbursing the employee for those expenses.**

7. When a work-related injury or illness results in any lost time from work, it is the responsibility of the employee to provide a physician's note that references the date of injury or worker's compensation claim number, approximate duration of disability, and an estimated return to work date to the Benefits department.

**At least ONE-DAY prior** to returning to work, the employee must provide a physician's note or the Fitness for Duty Certification form indicating they may resume full-duty on a specific date to their immediate supervisor and the Benefits department. This is necessary in the event the physician outlines any restrictions the employee may have upon their return which requires an accommodation meeting with the Director of Human Resources. A copy of the Fitness for Duty Certification form is included at the end of this document.

8. Please note, if a Workers Compensation claim results in more than three days of lost time, the employee will be contacted by Human Resources to determine if the employee is eligible for FMLA. If the employee meets the eligibility requirements for FMLA and the absence meets the criteria for a qualifying reason under FMLA, HR will designate the leave as FMLA and run it concurrently with the Workers Compensation time.
9. Workers Compensation absences will be recorded based upon respective union contract or Terms and Conditions of Employment for the employee.

Upon exhaustion of allotted time per contract, the employee will be sent a letter from the Director of Human Resources indicating when the employee will be removed from payroll and benefits.