

## **Workers Compensation Instructions**

### **Quick Overview**

Employee has an injury:

- Have them fill out Employee Report and Employee Statement
- If there is a witness or witnesses to the accident, the witness(es) will need to complete the ACS Witness Statement.
- The ACS Accident/Incident Investigation Report needs to be completed
- Contact Pam Gathings (704) 694-4417 ext. 1103
- Email paperwork to Pam Gathings [gathings.pam@anson.k12.nc.us](mailto:gathings.pam@anson.k12.nc.us) or fax to (704) 694-7479
- Send original documents to Pam Gathings interoffice mail.

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Ambulance Calls

- Please contact Pam Gathings immediately.

## WORKERS COMPENSATION INSTRUCTIONS

- I. When an employee is injured on the job...
  - a. The employee must report the incident to his/her supervisor or secretary immediately
  - b. Secretary contact Pam Gathings at (704) 694-4417 ext. 1103 or [Gathings.pam@anson.k12.nc.us](mailto:Gathings.pam@anson.k12.nc.us)
  - c. If medical treatment is needed they must go to one of the facilities on the preferred doctors list. A pre-authorized form will be sent to the doctor by Pam Gathings. If the facility is closed they are to go to **Carolinas Healthcare Systems Anson Emergency Room**. Employee **MUST** go to a doctor on the preferred list before being recommended to a specialist.
  - d. If the employee goes to someone other than those on the **PREFERRED** list, their medical bills **MAY NOT BE PAID** by workers comp.
  - e. They are **NOT** to report this injury on their own insurance.
- II. If the Injury is a “medical emergency” will go to Carolinas Healthcare Systems in Anson Emergency room. Pam Gathings will call the hospital before the employee arrives.
- III. The employee cannot be referred to a specialist by anyone except a WC administrator. The **PREFERRED** locations and emergency room doctors are not authorized to refer anyone and neither can an Anson County Schools employee. If a referral is needed Pam Gathings will communicate that with the WC administrators or the doctor’s office can call the WC Administrators directly.
- IV. The injured employee must complete the Employee Statement Form and Employee Report when seeking medical attention. Incidents (not seeking medical attention) will fill out Employee statement and Incident form. The witness statement must be completed if there is a witness or witnesses. The site representative will report injury or incident to Pam Gathings, immediately by phone. All incident and injury forms must be faxed to Pam Gathings at 704-694-7479, followed by an original signed copy sent via. Interoffice mail. Pam will submit the electronic form. A claim cannot be initiated without the Employee Statement nor can any expenses (office visits, prescriptions, lost wages, etc.) be paid.
- V. The Accident/Incident Investigation Report shall be completed and submitted within 48 hours of the accident/incident. This form is required to be completed regardless. All accident/incident investigation forms must be faxed to Pam Gathings at 704-694-7479 followed by an original signed copy sent via. interoffice mail.
- VI. VI. When an employee is absent from work due to an on-the-job injury ...
  - a. There is a seven-day waiting period during which time the employee must use approved leave days or leave without pay.
  - b. Notification of the employee's absences and a doctor's note, taking the employee out of work and returning the employee to work, must be faxed to Pam Gathings. Generally, notes and restriction notices via fax from the doctor is recommended, but if you receive them from the employee, please make sure Pam Gathings receives a copy.
  - c. If we receive notification that an employee can return to work "with

restrictions" ... Pam must be notified before the employee can return to work.

d. Employees must use sick leave when attending any doctor appointments.

- VII. When the employee returns to work please notify Pam at 704-694-4417 ext. 1103.  
Failure to notify can result in overpayment of wages.

**COMMUNICATION IS IMPERATIVE IN MAINTAINING ACCURATE  
WORKERS' COMPENSATION RECORDS. PLEASE HELP US TO ENSURE THAT WE ARE  
FOLLOWING GUIDELINES AS SET FORTH BY THE NORTH CAROLINA INDUSTRIAL  
COMMISSION.**

# PREFERRED DOCTORS LIST

If medical treatment is required, then promptly go to one of the following facilities.

Clinic/Doctor: Carolina Primary Care  
Address: 2301 Hwy 74 West, Wadesboro, NC 28170  
Phone: (704) 994-4500  
Days: Monday-Friday  
Hours: 8:00-5:00

Clinic/Doctor: Carolinas Healthcare Urgent Care  
Address: 613 E. Roosevelt Blvd. Monroe, NC 28112  
Phone: (704) 283-8193  
Days: Monday-Friday  
Hours: 8:00-5:00

If the **facility is closed** and if the injury is a **"medical emergency"** the employee will go to **Carolinas Healthcare Systems Anson (704-994-4500)** . Medical care obtained without permission will be at your own risk and may not be covered by workers' compensation.

## Site Representative Listing

SITE	REPRESENTATIVE	ALT. REPRESENTATIVE
Anson Academy	Latonya Buchanan	Sharolyn Carpenter
ACEC	Ericka Chaney	Rhonda Benton
AES	Lillian Maner	Mary Kay Woods
AHS	Melissa Horne	Mary Kay Woods
AMS	Angela Johnson	Emily Marsh
Central Office	Pam Gathings	
Child Nutrition	Juanita Starling	Wendy Ricketts
LES	Carlita Hildreth	Allison Burns
Maintenance	Mike Napier	Lynn Edwards
MES	Quatavis Liles	Tracy Holloway
PPES	Margaret Bowers	Amanda Drake
Transportation	Corey Ross	Monica Harrington
WES	Sharolyn Carpenter	Ashley Maxwell
WPS	Tammy Campbell	Kristy Davis
Custodian (Night only)	Melvin Davis	Lynn Edwards

**\*In the absence of the representative and/or alternate, please contact your building**

**level administrator. \***

# **WORKERS COMPENSATION PACKET**

**\*PLEASE ATTACH THIS MEMO TO THE FRONT OF ALL WORKERS'  
COMPENSATION CLAIM FORMS\*  
BEFORE THE COMPLETED CLAIM FORM IS GIVEN TO THE EMPLOYEE**

## **TO ALL EMPLOYEES FILING A WORKERS' COMPENSATION CLAIM**

Dear Employee,

We are sorry that you have experienced an injury on your job. We are here to assist you through the Workers' Compensation Process. This Packet contains all the forms and information required to initiate your Workers' Compensation claim.

If you have any questions regarding these forms or the Workers' Compensation Process, please call Pam Gathings, ACS Workers' Compensation Administrator at 704-694-4417 ext. 1103.

# **WORKERS COMPENSATION PACKET**

## **Anson County Schools**

Dear Injured Worker:

Please take a few moments to read through the following information regarding the procedure for filing a Workers' Compensation claim. It is very important that you understand your responsibilities and some of the guidelines.

They are as follows:

1. YOU are responsible for reporting your injury to your supervisor as soon as the injury occurs, not several weeks later.
- 2.. YOU must complete the Employee's Statement Form and Employee Report.
3. YOUR SUPERVISOR must sign the Employee's Statement of injury or Incident. Any information not provided may result in a delay in filing the claim.
4. Describe in the space provided how the injury occurred and the injuries sustained. Please list all body parts involved.
5. If your injury requires medical attention, it is important that you go to one of the PREFERRED PROVIDERS

(SEE ATTACHED). Failure to do so will resort in medical bills being your responsibility for full payment. Injuries after 8:00 pm must go to Carolinas Healthcare Systems Anson, Emergency Department. It is your responsibility to let them know this is a Workers' Compensation claim.

6. It is YOUR responsibility to forward any medical notes related to your Workers' Compensation injury to your supervisor.
7. Should your injury be severe enough to require you to miss work, a doctor's note is required. This must be turned into your supervisor. Pam Gathings, Anson County Schools Workers' Compensation Administrator, will be in contact with you
8. Workers' Compensation pays sixty-six and two-thirds of your salary while you are out with a doctor's note due to a work-related injury. There is a seven (calendar) day waiting period that must be served before Workers' Compensation benefits for lost time will begin. During that seven-day waiting period, you may choose to take sick leave, annual leave, miscellaneous leave, or leave without pay.
9. Since Workers' Compensation benefits only cover sixty-six and two thirds of your salary, in accordance with policy, you may supplement your benefits with sick leave in one half day increments for one third day pay. Should you wish to supplement your leave, you will need to notify Pam Gathings in writing of your request before the seventh day of absence resulting from the injury to avoid delay in receiving payment.
10. Please be advised that you CANNOT receive a full paycheck from the school system and sixty-six and two thirds of your salary from the Workers' Compensation insurance carrier. Should this happen, you will be placing yourself in an overpayment situation and you will be responsible for reimbursing the school system.
11. You must return for your follow-up visits. Please be aware of this date. You must contact Pam Gathings' office in order to reschedule or cancel an appointment.

**Should you have any more questions regarding your Workers' Compensation injury, please contact Pam Gathings, Workers' Compensation Administrator at 704-694-4417 ext. 1103**

## Anson County Schools

Employee's Statement of Injury or Incident

Send to Pam Gathings via Interoffice mail or scan to gathings.pam@anson.k12.nc.us

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

SS#: \_\_\_\_\_ Time employee began work on date of accident: \_\_\_\_\_ Shoe Type: \_\_\_\_\_

List any witnesses: \_\_\_\_\_

You MUST describe **fully** how the injury occurred and what employee was doing when injured.

(example: when, how, where accident occurred.... Specific details)

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You MUST **list all** injuries and specific body part(s) involved: (example...right, left, finger, toe, etc.)

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**IF MEDICAL TREATMENT IS NECESSARY YOU MUST SEEK TREATMENT AT ONE OF THE PREFERRED PROVIDERS, OR  
AFTER HOURS, CAROLINAS HEALTHCARE SYSTEMS ANSON, EMERGENCY ROOM.**

**Waiting Period** -No compensation shall be paid for the first seven days of disability unless the disability continues for more than 21 days.

(Sick leave may be used for the first seven days) (NC Industrial Commission rule) **NO EXCEPTIONS Use of Leave** -If you lose time from work, you may choose one of the following:

► Elect to take sick leave during the required waiting period and then go on Workers' Compensation leave and begin drawing Workers' Compensation weekly benefits. (NC Industrial Commission rule)

► Elect to go on Workers' Compensation leave with no pay for the required waiting period and then begin drawing Workers' Compensation weekly benefits. (Industrial Commission rule)

**Workers' Compensation Rate**-Two thirds of your average weekly wage during the 52 weeks preceding the date of the injury not to exceed the maximum established by the NC Industrial Commission.

**Nursing Services** - Nursing services are provided only at the request of the treating physician. NOTE: Housekeeping services in your home and/or childcare are not considered nursing care.

**Prescription Drugs**-All prescription drugs must be on FORM 25P, giving the name of the doctor, name of drugs, claimant's social security number and receipts attached before reimbursement can be made.

**Travel**-As of 2016, Employees are entitled to mileage for medical treatment at the rate of 0.67 cents per mile beyond a 20-mile radius (round trip) from the point of origin. FORM 25T must be completed for reimbursement to the Workers' Compensation Insurance Carrier. Anson County Schools will not reimburse you directly)

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Principal: \_\_\_\_\_ Date: \_\_\_\_\_



## Anson County Schools

### Workers Compensation Employee Report

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Employee's Name (first, middle, last)

Social Security Number

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Address

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Date of Birth

Telephone Number

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City

State

Zip

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Date of Injury

Time of Injury

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Position

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Hours Worked

---

Location of Injury

School #

---

Start time

Stop time

Was Safety Equipment Provided? \_\_\_\_\_

Were they Used? \_\_\_\_\_

**IF MEDICAL TREATMENT IS NECESSARY, YOU MUST SEEK  
TREATMENT AT ONE OF THE PREFERRED PROVIDERS, AFTER  
HOURS PLEASE USE CAROLINAS HEALTHCARE SYSTEMS  
(ANSON) EMERGENCY ROOM.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Accident/Incident Investigation Report

Injured Employees Name

Date Of Accident

Time of Accident

School Site/Location #

Employees Job Title

Supervisors Name

Date reported

Was this an Incident or Accident (incident is no medical treatment)?

What part of the body was injured? Describe in detail.

What was the nature of the Injury? Describe in detail.

Describe fully how the accident happened. What was employee doing prior to event? What equipment or tools were used?

Names of witness(es):

Exact Location of event:

What caused the event?

Was medical care sought (if so where and when)?

Were safety regulations in place and used? If not, what was wrong?

Recommended preventative action to prevent reoccurrence:

Employee Signature

Date:

Supervisor Signature

Date:

## Witness Statement

You have been identified as a witness to an employee's incident/injury. We would appreciate your help and time in answering a few questions. We ask you to do this within the first 48 hours of the injury/incident so that your memories will be fresh. Your comments will be kept confidential. For any questions please call Pam Gathings at (704)694-4417 x.1103

**Witness Name:**

**School Site/Location# :**

\_\_\_\_\_  
**Injured Employees Name:**

\_\_\_\_\_  
**Date of Accident:**

\_\_\_\_\_  
**Time of Accident:**

\_\_\_\_\_  
**Where were you at the time of the Incident?**

**What did you see?**

**What was involved:**

**What Injury did you observe?**

**Do you know the injured party? Yes:**      **No:**  
**If yes, how?**

**Witness Signature** \_\_\_\_\_ **Witness Phone Number:** \_\_\_\_\_