

**WORK-RELATED INJURIES**

**Notifications**

The Superintendent or designee shall post a notice of employee rights related to workers' compensation and shall provide this information in writing to new employees. (Labor Code 3550-3551)

This notice shall also include a statement of the District's policy requiring employees to report work-related injuries as soon as practicable.

Employees shall also be informed that pursuant to Labor Code 4906, it is a felony for an employee to make a false workers' compensation claim.

**District Responsibilities**

Supervisors receiving reports of a work-related employee injury shall gather appropriate information, including but not limited to:

1. The date, time and place of the injury
2. The name, occupation and signature of the injured employee
3. Details of how the injury occurred
4. The names of any witnesses

Supervisors shall promptly remit information about work-related injuries to the Superintendent or designee.

Whenever a work-related injury results in lost work time beyond the date of the injury or requires medical treatment beyond first aid, the employee shall be given a workers' compensation claim form and a notice of potential eligibility for benefits within one working day of the injury. (Labor Code 5401) In the case of stress claims, the claim form shall be provided only if the employee indicates that he/she is going to a physician or is unable to work.

Within five working days of obtaining knowledge of any injury which results in lost time beyond the date of the injury or which requires medical treatment beyond first aid, the Superintendent or designee shall file a complete report of the injury with the District's insurer. (Labor Code 6409.1)

**All Personnel**

**AR 4157.1  
4257.1  
4357.1**

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**Employee Responsibilities**

Upon receiving treatment for a work-related injury, the employee shall obtain a medical verification of his/her condition, indicating any limitations on the employee's ability to work, the anticipated time needed for recovery from these limitations, and the type of work modification needed.

*(cf. 4113.4/4213.4/4313.4 - Temporary Modified/Light-Duty Assignment)*

The District has designated a medical carrier where employees will be taken in case of a work-related injury. Employees who wish to be taken to their personal physician for treatment of work-related injuries must have a written request on file with the Superintendent or designee. It is the employee's responsibility to inform his/her supervisor that he/she has such a request on file. (Labor Code 4600)

*(cf. 4161.11/4361.11 - Industrial Accident/Illness Leave)  
(cf. 4261.11 - Industrial Accident/Illness Leave)*

To qualify for workers' compensation, employees must notify their supervisor of a work-related injury within 30 days. (Labor Code 5400)

Regulation  
Approved: September 11, 2000

**BREA OLINDA UNIFIED SCHOOL DISTRICT**  
Brea, California