

Workers' Compensation Leave Notification

Part I: (Must be completed by employee) PRINT NEATLY

The following employee has been injured on the job and has filed a Workers' Compensation claim and hereby gives notice of accident and absence from his/her position. Medical and indemnity (lost wage) benefits may be provided to the employee who has a work-related injury. The benefits provided for work related injuries vary depending on the specific facts and circumstances of each claim. The employee understands that he/she will not be paid by Powell County Schools while absent, and the following conditions apply to approved Workers' Compensation Claims:

- 0-7 days – No indemnity (lost wage) benefits and employee must decide to use or not use sick/personal days during first 7 days of injury
- Greater than 7 days – Indemnity (lost wage) benefits start on the 8th day
- Greater than 15 days –Indemnity (lost wage) benefits start from the first day absent after initial date of injury

<u>Name</u>	<u>Employee ID:</u>
<u>Phone No.</u>	<u>Injury Date:</u>
<u>Address</u>	<u>School/Location</u>
<u>City/State/Zip</u>	<u>Position</u>

<u>First full day of absence:</u>	<u>Anticipated return-to-work date:</u>
<u>Next doctor's visit:</u>	<u>Elected number of sick days to use:</u>

I certify that all information on this application is true, and that I will abide by Board Policy and all state and federal regulations governing Workers' Compensation. According to federal guidelines, I understand that my workers' compensation absence runs concurrently with FMLA. I also understand that my benefits, including health insurance, will be terminated at the end of 12 weeks (with the exception of KRS 161-155). I am aware that unpaid days resulting from my workers' compensation injury will affect my annual retirement service credit and annual pay increases.

<u>Employee Signature</u>	<u>Date</u>
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NOTE: You must notify Human Resources upon returning from your workers' compensation leave of absence or your pay and benefits may be impacted. You must submit a doctor's release in order to return to work.

Part II: (To be completed by Human Resources):

<u>Received by:</u>	<u>Date</u>
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The Powell County Schools provide equal educational/employment opportunities.

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YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave per school year to "eligible" employees for certain family and medical reasons (days do not have to be consecutive). Employees are eligible if they have worked for a covered employer for at least one (1) year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE

Unpaid leave must be granted for any of the following reasons:

1. For the birth and care of an employee's newborn child , or for placement of a child with the employee for adoption or foster care;
2. To care for the employee's spouse, child or parent who has a serious health condition, as defined by federal law;
3. For an employee's own serious health condition, as defined by federal law, that makes the employee unable to perform the employee's job;
4. To address a qualifying exigency (need) defined by federal regulation arising out of the active duty or call to active duty of a covered family member (spouse, son, daughter, parent or next of kin) who serves in a reserve component or as an active or retired member of the Regular Armed Forces or Reserve in support of a contingency operation; and
5. To care for a covered family member (spouse, son, daughter, parent or next of kin) who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces that has rendered or may render the family member medically unfit to perform duties of his/her office, grade, rank or rating.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."

An employer may require medical certification to support a request for leave because of a serious health condition and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

JOB BENEFITS AND PROTECTION

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan", as long as the employee pays premiums that are his/her responsibility.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA

ENFORCEMENT

The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

An eligible employee may bring a civil action against any employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

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FOR ADDITIONAL INFORMATION

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

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