

# Personnel Policy Bulletin

Lancaster County

Number: 2013-4

Date: December, 2013

Reference:	Title:
Supercedes Personnel Policy Bulletin 2005-2	WORKERS' COMPENSATION POLICY

## WORKERS' COMPENSATION POLICY

**I. Workers' Compensation Defined.** Workers' Compensation benefits are provided to eligible employees who sustain injury by accident or occupational disease arising out of and in the course of their employment, and who are not willfully negligent at the time of the injury.

**II. Reporting Requirements.** Any job related injury or disease shall be immediately reported to the employee's department head or available supervisor as soon as possible. The department shall immediately report the incident to the County Risk Manager. A "First Report of Alleged Occupational Injury or Illness", completed by the employee and an "Employee Injury or Illness Report", completed by the injured employee and his/her supervisor, should be forwarded to the County Risk Manager in all cases. (See attached sample forms). The employee will have the burden of proof to document the claim by submitting an injury report and medical evidence to support his or her claim.

County Risk Management will investigate the claim to determine if it should be approved as a workers' compensation injury. During this investigation the employee may elect to use other leave options such as sick leave, vacation or personal holiday. If the claim is approved by Risk Management the injured employee's department will convert any sick leave, vacation or personal holiday hours paid to the employee, to injury leave, for hours missed during the first 10 working days. If sick leave, vacation, or holiday pay is paid during a period of Temporary Total Disability beyond 10 working days the employee will be credited for two-thirds (.6667) of all such hours used during the period of disability.

**III. Medical Documentation.** Employees requesting time off work due to a work related injury or disease must provide medical documentation that states he/she is unable to perform his/her normal work duties. All medical documentation must be provided to the Risk Manager. Prior to returning to duty, the employee must provide a full medical release from a medical provider which specifies all restrictions, if any, upon the employee's ability to perform his or her full range of duties. Modified Duty will be allowed only as specified in Paragraph VII herein.

**IV. Injury Leave.** All probationary or status classified employees shall receive injury leave benefits pursuant to County Rule 19.4 - Injury Leave, or the employee's applicable labor contract. Such injury leave shall not be deducted from vacation or sick leave credits and will be listed as injury leave on the employee paycheck.

Failure to immediately report an accident which resulted in an injury may cause forfeiture of this additional benefit.

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Unclassified employees, other than sheriff deputies, are not entitled to injury leave but are entitled to workers' compensation benefits provided in the Nebraska Workers' Compensation Act.

**V. Temporary Total Disability Benefits.** If injury leave has expired and the employee still requires time off work, the employee is eligible to receive Temporary Total Disability workers' compensation benefits (TTD) administered by Risk Management. TTD is based on two-thirds (.6667) of the employee's Average Weekly Wage (AWW) at the time of the injury, with a maximum benefit set each year by the Nebraska Workers' Compensation Act. AWW is established from a wage history covering the time period 26 weeks prior to the date of the injury.

All employees have the option of supplementing the amount of TTD benefits received with sick, vacation or personal holiday hours so that the benefit equals the employee's normal salary for the pay period. It is the employee's responsibility to inform his/her department head that he/she intends to supplement workers' compensation benefits with paid leave. No employee shall receive a salary (workers' compensation plus regular pay or paid leave) in excess of his/her normal wage.

**VI. Temporary Partial Disability Benefits.** If the employee can return to work on a part-time basis and provides the department head written permission from his/her medical provider to do so, the employee will receive injury leave, if not yet expired, or Temporary Partial Disability (TPD) if all injury leave has expired, for the amount of time still spent away from work. TPD is calculated as the Average Weekly Wage at the time of the injury minus salary earned for the week(s) in question and then multiplied by .6667. Again, employees may opt to supplement their TPD benefits with eligible paid leave benefits in order to equal a full paycheck in the manner described in Paragraph V., above.

**VII. Modified Duty and Recovery Time.** A department, based upon operational needs and at the department head's discretion, may offer modified duty to status and probationary employees who have suffered a work related injury. Prior to modified duty being approved, the employee must provide medical documentation from his/her treating physician which states the employee is unable to perform the essential duties of his/her current position but is able to work a modified duty assignment. Modified duty is considered temporary and will be reviewed three months after the assignment to determine whether it will be extended beyond the initial three-month period.

The maximum amount of recovery time, including modified duty, should not exceed 6 calendar months from the date of injury. If the employee cannot return to full duty after 6 months from the date of injury, the employee may be separated from employment. However, if the employee provides medical documentation indicating a strong likelihood that the employee can return to full duty within a reasonable time period, the department head may extend the recovery time depending upon business needs and pursuant to the Americans with Disabilities Act (ADA), if applicable. Likewise, if the

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employee can perform the essential functions of his/her position with some modifications, the department will make reasonable efforts to accommodate the employee. If the employee cannot return to full duty and there are no reasonable accommodations available, the employee may be eligible for workers' compensation benefits such as retraining or vocational rehabilitation.

**VIII. Insurance Premiums And Other Benefits.** Health insurance, dental insurance and other applicable insurance benefits will continue with the appropriate employer contribution. Employees must continue to pay the employee share of the insurance premiums and are responsible for coordinating payment of said premiums with the County Clerk's Office.

In order to continue accruing vacation and sick leave hours, and to qualify for holiday pay, an employee must be in a pay status. Vacation and sick leave hours will accrue based upon the number of hours the employee is in a pay status. To be in a pay status the employee must request that his/her workers' compensation benefits be supplemented with available paid leave benefits in order to equal a full paycheck in the manner described in Paragraph V. If the employee is not supplementing his workers' compensation benefits with available paid leaves, the employee is in a non pay status.

In order to qualify for holiday pay an employee must be in pay status on his/her regular work day immediately before and after the holiday. If a holiday occurs during the time period injury leave is paid, holiday hours are paid in lieu of injury leave hours. If a holiday occurs after injury leave has expired and the employee is receiving workers' compensation benefits, the employee will receive holiday pay only if the employee is in a pay status on his/her regular work day immediately before and immediately after the holiday. An employee in pay status shall receive enough holiday hours to a figure equivalent to a full work day for that day. The employee should not receive the full eight hours of holiday pay. An employee on workers' compensation leave who is not supplementing his/her leave with paid benefits, is not in a pay status and therefore does not qualify for holiday pay.

Pursuant to County Personnel Rule 19.7, the Personnel Officer must be notified in writing when an employee's leave without pay status exceeds thirty (30) calendar days. Additionally, any employee on leave without pay status exceeding thirty (30) calendar days will have their eligibility date adjusted pursuant to County Personnel Rule 19.12.

**IX. Other Provisions.** This policy should be read in conjunction and coordinated with all applicable contract provisions, personnel rules and all state and federal laws including, but not limited to, the Nebraska Workers' Compensation Act, the Americans With Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA).

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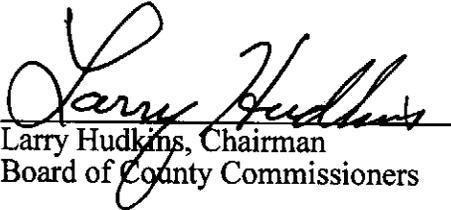
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Doug McDaniel, Human Resources Director

1-3-2014

Date



Larry Hudkins, Chairman  
Board of County Commissioners

1-2-2014

Date

# Nebraska Workers' Compensation Court

## First Report of Alleged Occupational Injury or Illness

NWCC Form 1  
Revised 06/2006

<b>Employer</b>									
Employer FEIN _____		SIC Code _____		Report Purpose _____			OSHA Log Case # _____		
Employer Name(s) _____				Insured Name <i>(If different from employer name)</i> _____					
Address _____				Insured Address <i>(If different)</i> _____			Location _____		
City _____									
State _____		Zip Code _____		Phone _____					
<b>Insurance Carrier</b>									
Carrier FEIN _____				Administrator FEIN _____					
Name _____				Claim Administrator <i>(Name, address &amp; phone number)</i> _____					
Address _____									
City _____									
State _____		Zip Code _____		Phone _____					
Policy Number _____				Self Insured <input type="checkbox"/>		Claim Administrator Claim # _____			
Policy Period: From _____ To _____				<b>Check if Appropriate</b>		Jurisdiction Claim # _____			
Insurance Carrier/Self-Insured Code # _____				Insured Report # _____			Jurisdiction _____		
<b>Employee</b>									
Name <i>(Last, First, Middle)</i> _____				Full Pay for DOI Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Days Worked Per Week _____		Sex Male <input type="checkbox"/>	
Address _____				Salary Continued Yes <input type="checkbox"/> No <input type="checkbox"/>				Female <input type="checkbox"/>	
City _____				Number of Dependents _____		Occupational Job Title _____			
State _____				Marital Status _____		Wage \$ _____		Occupational Code _____	
Date of Birth _____		Social Security Number _____		Date Hired _____		Hourly <input type="checkbox"/>		Date Employee Began _____	
						Daily <input type="checkbox"/>		Work-Related Duties _____	
						Weekly <input type="checkbox"/>		Employment Status FT <input type="checkbox"/> PT <input type="checkbox"/> Other <input type="checkbox"/>	
						Bi-Weekly <input type="checkbox"/>			
						Monthly <input type="checkbox"/>			
<b>Occurrence/Treatment</b>									
Date of Injury/Illness _____			Time Employee Began Work _____			Time of Occurrence _____		Last Work Date _____	
			AM <input type="checkbox"/>			AM <input type="checkbox"/>			
			PM <input type="checkbox"/>			(Cannot be determined <input type="checkbox"/> )		PM <input type="checkbox"/>	
Where Did Injury/Illness Occur? County _____ State _____ Zip _____					Did Injury/Illness Occur On Employer's Premises? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date Employer Notified _____			Date Disability Began _____			Date Returned to Work _____		If Fatal, Give Date of Death _____	
Type of Injury/Illness <i>(Briefly describe the nature of the injury or illness; e.g. lacerations to forearm)</i>								Nature of Injury Code _____	
Part of Body Affected <i>(Indicate the part of the body affected by the injury/illness; e.g. right forearm, lowerback; and how it was affected)</i>								Part of Body Code _____	
How Injury/Illness Occurred <i>(Describe activity and tools, materials, equipment the employee was using; how injury occurred)</i>								Cause of Injury Code _____	
Initial Treatment: No medical treatment <input type="checkbox"/>				Emergency Room <input type="checkbox"/>		Future major medical/lost time <input type="checkbox"/>		Name of physician or other health care provider: _____	
First aid by employer <input type="checkbox"/>				Hospitalized overnight <input type="checkbox"/>					
Minor clinic/hospital <input type="checkbox"/>				Hospitalized > 24 hours <input type="checkbox"/>					
Date Administrator Notified _____		Form Preparer's Name, Title and Phone _____						Date Prepared _____	

**LANCASTER COUNTY  
Risk Management Office  
Report of Minor Employment Injury**

This report is to be used only when the employee incurs a minor job injury that requires only first aid or personal treatment at the time of the injury. This form should be completed immediately and given to the appropriate department authority for placement in the employee's department file.

**A copy of this form should be sent to County Risk Management. Risk Management will enter the data into the claims system for tracking and reporting purposes.**

If the employee seeks medical care or has lost time as a result of this accident and after the initial report has been filed, a Workers' Compensation First Report of Alleged Occupational Injury or Illness report must be completed and sent to the County Risk Management Office.

Injured Employee's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

Accident Date \_\_\_\_\_ Time \_\_\_\_\_  
AM/PM

Place where accident occurred \_\_\_\_\_

Nature and extent of injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of how injury occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What first aid was given or applied \_\_\_\_\_

**Signatures**

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Any questions regarding reporting of injuries should be referred to:**

**Kari Wiegert - 441-6593**  
[kwiegert@lancaster.ne.gov](mailto:kwiegert@lancaster.ne.gov)

**Sue Eckley - 441-6510**  
[seckley@lancaster.ne.gov](mailto:seckley@lancaster.ne.gov)