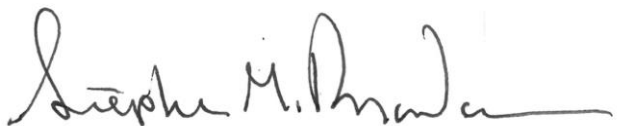
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>Workers' Compensation Benefits (Security Services)</p>		<p>NO. 2208A</p>
			<p>DATE 12/30/2019</p>
<p>SUPERSEDES</p> <p>DIR #2208A Dtd. 12/16/19</p>	<p>DISTRIBUTION</p> <p>A</p>	<p>PAGES</p> <p>PAGE 1 OF 18</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>Civil Service Law; Workers' Compensation Law; Family Medical Leave Act; Payroll Bulletins; ACA Expected Practices 4-4041, 2-CO-1B-11, 4-APPFS-3D-27, 4-JCF-6B-02; Directives #2218, #4065; State Attendance and Leave Manual; Contractual Agreements; OSC Rules for Classified Service</p>		<p>APPROVING AUTHORITY</p> 	

I. SCOPE: This directive outlines the conditions that must be satisfied and the procedure that is to be followed whenever an employee in the Security Services Unit or the Security Supervisors Unit requests Workers' Compensation benefits.

II. AUTHORITY

- Workers' Compensation Law
- Section 21.8 of the Civil Service Attendance Rules
- Section 71 of the Civil Service Law
- Rule 5.9 of the Rules for Classified Service
- Article 14.9 of the Security Services Unit and the Security Supervisors Unit contracts
- The Family and Medical Leave Act of 1993

III. CRITERIA: To receive Workers' Compensation benefits at full pay, the following criteria must be met:

- The employee must have Attendance Rule Coverage.
- The injury or illness sustained must be work related.
- The injury, illness or subsequent complications, must result in the employee being necessarily absent from his or her position.

NOTE: All Workers' Compensation claims accepted by the State Insurance Fund will be equitably administered regardless of an employee's race, color, religion, national origin, age, sex, disability, military status, or marital status.

IV. INFORMATION

- A. Benefit Program: The following benefits may be granted to an employee necessarily absent from duty resulting from a non-controverted, work-related injury or illness:
1. Leave with full pay without charge to leave credits up to six months or a cumulative total of 182.5 calendar days.
 2. Use of leave accruals: To participate in the Leave Benefit Program as provided in the negotiated agreements between New York State and the Security Supervisors Unit, and New York State and the Security Services Unit, employees injured on or after April 15, 1993 must complete the "Workers' Compensation Benefit Election Form," Attachment E, agreeing to be part of the medical evaluation process designed to return individuals to work on limited or light duty prior to full recovery.

- B. Due Process: On December 6, 1989, the Rules for Classified Service were amended to add Rule 5.9 which provides due process in connection with Section 71 of the Civil Service Law. Reference is made to the NYS Dept. of Civil Service State Personnel Management Manual; Policy Bulletin #90-02, Section 2200, Separations and Leaves; and the NYS Dept. of Civil Service Attendance and Leave Manual, Policy Bulletin #90-02, Section 21.8.
1. Initial Notice Requirement: No later than the 21st workday of leave granted due to an accepted work-related injury or illness, the Superintendent of a correctional facility (Director of Personnel for Central Office employees) must provide the employee with written notice of the terms and conditions of his or her leave (see Attachment A). A copy of this letter is to be forwarded to Central Office Personnel.
 2. Notice of Pending Termination: An employee who has been cumulatively absent for one year (two cumulative years of absence if work-related illness or injury resulted from an assault sustained in the course of his/her employment) must be provided with written notice of his or her proposed termination not less than 30 days nor more than 60 days prior to the proposed termination date. Upon a request for termination from a facility, the Director of Personnel will issue this notice. When an employee has been cumulatively absent for approximately 10 months and medicals give no indication of possible return to duty, the facility is to contact their Central Office Personnel representative. (Reference Section IV-I below).
 3. Return from Leave: An employee who, after receiving a notice of a proposed termination, requests to return to duty, may be examined by the Employee Health Service prior to his or her return.
 4. Denial of Return to Duty: An employee who has been found unfit to return to duty shall be informed in writing by the Director of Personnel of the reason for the denial and appeal rights. Civil Service Employee Health Services will provide the employee with a copy of the medical report and any other records on which the decision is based.
 5. Appeal: Should the employee fail to appeal, the termination will be processed when the time limit for appeal has expired. Should the employee appeal, pursuant to Rule 5.9 of the Rules for Classified Service, the leave will be continued and a Hearing Officer appointed by the Department will conduct a hearing. The employee may be represented by an attorney or a union official. The appointing authority shall issue a finding of facts and a determination based on records assembled by the hearing officer. The employee may be returned to duty, continued on Workers' Compensation leave, or terminated on a finding of permanent disability. Appointing authority determinations are final, subject only to judicial review under Article 78 of CPLR.
- C. Workers' Compensation Board Award: The Workers' Compensation Board has the power to hear and determine the eligibility of an employee for compensation benefits under the provisions of the Workers' Compensation Law. Although the State Insurance Fund (SIF), as the State's insurance carrier, must comply with a Board decision, the Department is not bound by the Board decision when it can be clearly demonstrated that the employee was not disabled or the disability results primarily from a pre-existing medical condition (Article 14.9 of the Security Services Unit contract and Article 14.9 of the Security Supervisors Unit contract). See Sections IV-G and IV-L.

An award by the Board may include:

1. Credit to New York State for periods during which the employee was allowed leave with full pay without charge to credits.
2. Credit to New York State for periods during which an employee was absent using his or her own accruals after paid Workers' Compensation leave was exhausted and for which credits will be restored.
3. Payments made directly to the claimant for periods when the employee was on leave without pay (this may include claimants who exhausted accruals and half-pay eligibility or claimants whose cases were controverted by the Department).
4. Payments made directly to claimants when the SIF has been notified by the Department that contractual Workers' Compensation benefits are being denied by DOCCS under Article 14.9 of the Security Supervisors Unit contract and Article 14.9 of the Security Services Unit contract.

D. Administrative Reporting

1. Facility assignments: When an employee is injured at a correctional facility, the reporting procedure outlined in Directive #4065, "Reporting Injuries and Occupational Illnesses," is to be followed. Employees must immediately report to their supervisor any injury incurred on the job and proceed to the facility Medical Unit for assessment and treatment or stabilization as appropriate and to complete [Form #1203](#), "Employee Accident/Injury Report," Attachment D. If the employee has been incapacitated, the supervisor must ensure that the injured employee is transported to the facility Medical Unit for assessment and treatment as appropriate. In the case of a life-threatening emergency, on the advice of the attending health professional, the injured employee may be transported for emergency care to an outside hospital without being taken to the Medical Unit. The supervisor must also complete the employee portion of [Form #1203](#) "Employee Accident/Injury Report."

However, if the Medical Unit is not staffed, the supervisor and the Watch Commander must assist in making arrangements for first aid or emergency medical services, as needed. In this instance, an "Employee Accident/Injury Report" can be obtained from the Watch Commander.

The DSA must review and initial the Accident/Injury Report before the Personnel Office submits the Workers' Compensation claim form (C-2), via the New York State Civil Service Automated Reporting System (ARS).

2. Security staff assigned to the Training Academies or Central Office who are on facility payrolls: When an employee is injured on duty, the supervisor must assist in making arrangements for first aid or emergency medical services as needed, an investigation must be made, a [Form #1203](#), "Employee Accident/Injury Report," Attachment D, is to be prepared, witnesses statements obtained, and a Workers' Compensation claim form (C-2), prepared with the appropriate facility name and address. All this information is to be forwarded to the facility from which the employee is paid for processing.

Thereafter, the employee, if disabled as a result of the accident, is to provide medical statements, as described in Section E of this Directive, to the payroll facility concerning his or her continued disability and anticipated return to duty.

3. Correction Officer Trainees on Central Office Payroll: When a Correction Officer Trainee is injured while at the Training Academy, the supervisor must assist in making arrangements for first aid or emergency medical services as needed, a [Form #1203](#), "Employee Accident/Injury Report," Attachment D, is to be prepared, an investigation conducted, reports from witnesses obtained, and a claim form (C-2), prepared. All documents are to be forwarded to Central Office Personnel for review and processing. The employee is to submit all medical statements concerning disability and anticipated return to duty to Central Office Security Personnel.

This process must also be followed during the three weeks of OJT subsequent to the Correction Officer Trainee receiving a permanent facility assignment.

- E. Medical Documentation: Initial medical documentation must be submitted within the first week of absence or upon return to duty, whichever occurs first. Thereafter, medical documentation must be provided every 30 days. For extended absences, approval may be granted to submit documentation every 45 days. An extended absence is defined as any period of absence in excess of 30 days from the submission of the initial medical documentation required within the first week of absence.

In situations where the employee does not provide documentation **as outlined above**, or provides non-conforming documentation, a letter will be sent to the employees with instructions to provide conforming documentation by close of business seven days from the date the letter is mailed.

Failure to provide conforming documentation by the date will result in the employee being placed in the appropriate status (AWOL or FMLA LWOP, if appropriate). If conforming documentation is received the employee will be returned to the appropriate leave status from the date the conforming documentation is received. Documentation must contain:

1. Employee's Name,
2. Date of Examination,
3. Date of accident and dates of incapacitation,
4. Statement of causal relationship,
5. Diagnosis (International Classification of Diseases or ICD Codes are not acceptable),
6. Prognosis,
7. Estimated return to work date or date of next doctor's appointment, if applicable, and
8. Signature and address of the medical practitioner.

NOTE: Employees are encouraged to use the appropriate documentation form "Documentation for Workers' Compensation Leave," Attachment F of this Directive. An alternate form may be used for documentation, but all of the required information must be included. With submission of any medical documentation, the employee is attesting that all of the information provided was completed by a licensed medical physician/provider

For conforming documentation requirements for Workers' Compensation doctor appointments, therapy, and tests, see Section F-8 of this Directives.

F. Requesting and Granting Leave

1. Once facility executive staff has made a determination regarding an employee's request for contractual Workers' Compensation benefits, the case information will be added to the KHRS Workers' Compensation Tracking System. The facility will forward all appropriate paperwork to the Central Office Personnel.
2. Whenever management has reason to believe an employee may be eligible for a limited duty assignment based on the nature of the injury or medical information received, an Independent Medical Evaluation must be requested through the State Insurance Fund. The employee's condition must be monitored on an ongoing basis, continued disability must be documented, subsequent requests for State Insurance Fund Independent Medical Evaluations must be pursued at least every three months, and frequent communication with the State Insurance Fund is encouraged.
3. If it is documented that an employee continues to be disabled from work, he or she can remain on paid occupational disability leave up to a maximum, continuous period of six months or a cumulative total of 182.5 days for each individual injury or disease. However, the employee will be required to provide conforming medical documentation of his or her condition as stated in Section IV-E of this directive.
4. If an Independent Medical Evaluation or the medical documentation from the employee's personal physician indicates that the employee is no longer disabled due to their Workers' Compensation injury, the employee must be ordered to return to full duty for their next scheduled shift. However, if the employee remains unable to return to full duty due to a personal medical condition, leave accruals may be charged, in accordance with Attendance & Leave guidelines.
5. Employees selecting the New York State Workers' Compensation Law Coverage on the election form and employees who refuse to work either full or limited duty assignments as the result of a Dispute Resolution decision, will be placed in the appropriate leave without pay status as described in section IV-L of this Directive. They may remain eligible to receive benefits under the NYS Workers' Compensation Law.
6. In those instances where the employee is absent from duty beyond the six month period provided by the contractual benefit, the employee will be required to exhaust other leave credits to cover the period of absence prior to requesting sick leave at half pay. Only when leave credits are exhausted and if the leave utilized totals less than one year, is sick leave at half pay to be granted. Reference is made to Directive #2206, "Sick Leave at Half Pay."
7. No female Correction Officer may be removed by DOCCS from Workers' Compensation benefits due to pregnancy or the birth of a child, nor must a female Correction Officer be scheduled for an Independent Medical Evaluation solely based on her pregnancy or the delivery of a child.
8. Granting of prior approved Workers' Compensation leave (Doctor's appointments, medical tests, physical therapy, etc.):
 - a. To be considered pre-approved, a time off slip ([Form #1031](#)) must be filled out, and approved, no later than the previous day.

- b. Conforming documentation shall consist of an original note signed by the treatment Provider or designee that contains the date of accident, location, start time, and end time of the appointment.
- c. Appointments of four hours or less:
 - (1) All Security Service Unit employees are required to provide conforming medical documentation from the treatment provider for all prior approved medical absences of four hours or less, upon their return to duty.
 - (2) Conforming documentation will not be subject to review to determine if the length of the absence was warranted, based on the location of the appointment and the start and end time of the appointment, so long as the total time of the absence was four hours or less.
- d. Appointments of more than four hours:
 - (1) All Security Services Unit and Security Supervisors Unit represented employees are required to provide conforming documentation from the treatment provider for all prior approved medical absences of more than four hours, upon their return to duty.
 - (2) Conforming documentation will be reviewed to determine if the length of the absence was warranted, based on the location of the appointment and the start and end time of the appointment. Prior to approving more than four hours for a medical appointment, the Attendance Control Officer must closely question the need (i.e., location, time of the appointment, can it be scheduled during off hours, etc.).
- e. Failure to submit required documentation will result in the employee being placed in **AWOL status (or FMLA LWOP, if appropriate)**.
- f. Upon the second instance of fail to provide conforming medical documentation, employees shall be subject to discipline.
- g. All notes and cards are subject to verification.

NOTE: Employees are encouraged to use the form, "Documentation for Prior Approved Workers' Compensation Leave," Attachment G. An alternate form may be used for documentation, but all of the required information must be included.

With submission of any medical documentation, the employee is attesting that all of the information provided was completed by a licensed medical physician/provider.

- G. Restoration of Leave Credits: Credits and sick leave with half pay eligibility used to satisfy absences resulting from work-related injury or illness may be restored following a favorable decision by the Workers' Compensation Board that includes a credit to New York State for wages paid by DOCCS. Restored credits may not be used again in conjunction with the same compensation case. Leave credits used as noted in Section IV-C-4, will not be restored.
- H. Termination Under Section 71 of the Civil Service Law: Section 71 of the Civil Service Law states the allowable periods of cumulative time that an employee may be absent for a work-related illness or injury before being terminated. An employee may be terminated for one cumulative year of absence due to a work-related illness or injury. However, an employee cannot be terminated until two cumulative years of absence due to a work-related illness or injury resulting from an assault sustained in the course of his/her employment.

When based upon supplied medical documentation, it appears that an employee may never return to full duty, the employee must be advised to contact the New York State and Local Employee Retirement System, regarding eligibility benefits under Disability Retirement programs.

In those instances where a supervisor recommends that an employee be granted a continuation of disability leave beyond one year or two years as described above, the request must be justified and approved by the Director of Human Resources.

- I. Recurrences: Recurrences are defined as absences related to a Workers' Compensation illness or injury after the return to duty from the original absence. Each recurrence must be accompanied by conforming medical documentation as defined in Section IV-E, of this directive and entered into the KHRS Workers' Compensation tracking system. Recurrences are subject to requests for an Independent Medical Exam.
- J. Return to Work: Security Services Unit employee are required to give notice of their intended return to duty eight hours prior to the beginning of the scheduled shift to which they intend to return. Both Security Service Unit and Security Supervisors Unit employees must submit conforming medical documentation directly to the facility Medical Information Officer before they will be permitted to return to duty. This documentation will be reviewed, and the employee must receive prior approval to return to duty. Failure to provide notice may result in AWOL status (or FMLA LWOP, if appropriate), or disciplinary action.

When an employee returns to full or limited duty following recovery from a work-related illness or injury, the case must be updated on the KHRS Workers' Compensation tracking system and on the Civil Service Accident Reporting System.

- K. Controverted Claim/Denial of Benefits
 1. Definition: A controverted claim for Workers' Compensation Benefits occurs when the SIF challenges or disputes either the employee's claim of a work-related disability or the extent of the disability. The Department may separately deny benefits as outlined in Article 14.9 of the Security Supervisors Unit contract and Article 14.9 of the Security Services Unit contract. If there is good and sufficient reason to believe that the disability resulting from such injury or disease is not job related or is primarily due to some pre-existing medical condition, there is a good and sufficient reason to believe that the employee could report for duty, the employee's claim has been controverted by the State Insurance Fund, or the employee's services would be terminated or would have ceased under law.
 2. Responsibilities: If a claim is being denied, the Personnel Office must update the Accident Reporting System that the employer is disputing the claim. All questionable claims are to be discussed with the Central Office Personnel representative. Following Central Office's decision to deny benefits, a detailed statement is to be filed with the SIF, notifying them, as our insurance carrier, of our recommendation to controvert the employee's claim with the Workers' Compensation Board. Attachments B and C are letters to be used to inform the State Insurance Fund and the employee that a claim is being denied.

- L. When the SIF has determined that the employee is able to return to either full or limited duty, via an Independent Medical Exam and the employee supplies medical documentation that prohibits the employee from the ordered duty, the employee's Physician may file with the Dispute Resolution Program for a review of the conflicting medical opinions, as outlined in the Dispute Resolution Program Memo (MOU).
1. If the employee does not return to work in accordance with the independent Medical Examination determination and does not file a request for Dispute Resolution, but continues to supply medical documentation, the employee will be placed on leave without pay (LWOP) and will no longer be eligible for the contractual Workers' Compensation benefit.
 2. If the employee does not return to work in accordance with an Independent Medical Examination determination, does not file a request for Dispute Resolution, and fails to supply conforming medical documentation, they will be placed on unauthorized leave without pay (AWOL) and will no longer be eligible for contractual Worker's Compensation benefit.
 3. If based on a Dispute Resolution Program determination, the employee is ordered to return to duty and refuses to comply with the order but continues to supply medical determination; they will be placed on leave without pay (LWOP) and will no longer be eligible for the contractual Workers' Compensation benefit.
 4. If based on a Dispute Resolution Program determination, the employee is ordered to return to duty and refuses to comply with the order and fails to continue supply medical documentation, the employee will be placed on unauthorized leave without pay (AWOL) and will no longer be eligible for contractual Workers' Compensation benefit.
 5. Any future benefit that the Workers' Compensation Board determines an employee is entitled to will be the statutory benefit with direct payment from the SIF if that employee refused to return to work as specified in the four scenarios above.
- M. When an employee fails to document his/her claim for a work-related illness or injury or is ordered to return to duty as the result of an Employee Health Service exam and fails to return, he or she will be removed from payroll, placed on unauthorized leave and may be subject to discipline. In these instances, the facility's Central Office Personnel representative is to be notified and no charge to leave credit is to be allowed. The facility's Central Office Personnel representative will recommend whether the case should be referred to the Bureau of Labor Relations for review and appropriate action. The Personnel Clerk is to notify SIF of any change in an employee's payroll status.
- N. Penalties: In accordance with Section 114 of the New York State Workers' Compensation Law, knowingly making a false statement or representation relative to a Workers' Compensation Claim is a class E felony. Any employee found to have made such a false statement or representation will be subject to immediate administrative action, including discipline and/or criminal prosecution.
- If an employee who is absent due to a Workers' Compensation injury is placed on disciplinary suspension, the employee will be removed from the contractual Workers' Compensation benefit until he/she is removed from disciplinary suspension. Likewise, an employee cannot be placed on the contractual Workers' Compensation benefit due to a recurrence of a pre-existing injury during a period of disciplinary suspension.

- O. Secondary Employment: A preexisting authorization for outside employment will be automatically reviewed for any period of time that an employee is on a limited-duty assignment or absent from work as a result of a work-related illness or injury (see Directive #2218, "Outside Employment").

PLEASE USE FACILITY LETTERHEAD

DATE

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Name

Address City, State Zip

Re: Workers' Compensation Leave

Effective _____

Dear Mr/Ms. _____:

You have been placed on Workers' Compensation Leave effective the date noted above. Pursuant to Section 5.9 of the Civil Service Rules for the Classified Service, please be advised that you have the right to a leave of absence from your position during your disability for one year or less if you are found to be permanently disabled. For specific information regarding Workers' Compensation Benefits, please refer to the employee contract for your bargaining unit.

You also have the right to apply for return to duty at any time during this leave. In the event that you are scheduled for a medical exam by the Employee Health Service to verify your fitness to return to duty and it is determined that you will not be allowed to return to duty, you have a right to a hearing to contest such a finding.

Should you not return prior to the expiration of your Workers' Compensation Leave, your employment will be terminated as a matter of law. You have a right thereafter to apply to the Civil Service Department within one year of the end of your disability for reinstatement to your position if vacant, to a similar position, or to a preferred list pursuant to Section 71 of the Civil Service Law and Section 5.9 of the Rules for the Classified Service.

As required by the Americans with Disabilities Act (ADA), it is the policy of this agency to make a reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability. If you are an individual with a disability, as defined by the ADA, you may be entitled to an accommodation to enable you to perform the essential duties of your position. If you believe you would be able to perform the duties of your position with a reasonable accommodation, please contact this office for an application for requesting such an accommodation or for further information concerning the ADA.

Any injury/illness involving incapacity of more than three calendar days will result in those absences being designated Family & Medical Leave Act of 1993 (FMLA) leave, if you are eligible for such leave.

During your Workers' Compensation Leave, you are required to provide your supervisor with conforming medical documentation including diagnosis and prognosis every 30 days, unless you are advised otherwise.

Penalties. In accordance with Section 114 of the New York State Workers' Compensation Law, knowingly making a false statement or representation relative to a workers' compensation claim is a class E felony. Any employee found to have made such a false statement or representation will be subject to immediate administrative action, including discipline and/or criminal prosecution.

Secondary Employment. A preexisting authorization for outside employment will be automatically reviewed for any period of time that an employee is on a Limited Duty assignment or absent from work as a result of a work-related illness or injury (see Directive #2218, "Outside Employment").

Sincerely,

Name_____
Title

CC: Facility Personal History File

SAMPLE

Senior Compensation Examiner
State Insurance Fund

Re: Name: _____

SSN: _____

Date of Accident: _____

Dear _____:

Please refer to the attached C-2 for _____.

We are denying this Workers' Compensation Claim for the following reason:

___ There is good and sufficient reason to believe the disability resulting from such injury or disease is not job-related or is primarily due to some pre-existing medical condition.

___ There is good and sufficient reason to believe that the employee could report for work on a full-time basis.

(Supporting justification must be stated. You must provide the fund with information and any documents you may have to support the controversion.)

encl:

cc: Central Office Personnel

SAMPLE

Date:

Employee Name

Employee Address

Re: Workers' Comp. Claim

Date of Accident:

Dear _____ :

Your claim for Workers' Compensation Leave under Section 14.9 of the State/_____ agreement due to an alleged injury on _____ is denied.

____ There is good and sufficient reason to believe the disability resulting from such injury or disease is not work-related or is primarily due to some pre-existing medical condition.

Per Departmental regulations, you must submit medical documentation to _____. Medical documentation must be submitted within the first week of absence, and every two weeks thereafter.

Upon your return to work, please submit a doctor's note which must state that you were disabled from work and are now able to return to full duty, to _____. This note must be reviewed upon receipt for acceptability before you can return to work.

____ There is good and sufficient reason to believe that you could report for work on a full-time basis.

____ Your absence is considered as unauthorized. Contact the facility immediately.

____ Your claim for benefits is controverted by the State Insurance Fund.

You are also advised that should the Workers' Compensation Board make an award in your favor, any accruals used for absences related to this claim will not necessarily be restored.

If you have any questions, please contact me.

Sincerely,

Deputy Superintendent for Administration

cc: Central Office Personnel
Facility Personal History File

FORM 1203 (02/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMPLOYEE ACCIDENT / INJURY REPORTDELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS
(#1 - 14 to be completed by Employee)

Personnel use Only (check one)	<input type="checkbox"/> Lost Time <input type="checkbox"/> No Lost Time
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1. Facility		2. Date of Accident	
3. Time of Accident	4. Place of Accident		
5. Employee Name		6. Title	
7. Employee Work Location	8. Shift	9. Pass Days	
10. Employee remained on duty? Yes <input type="checkbox"/> No <input type="checkbox"/>		11. Employee required medical attention? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Statement of Employee 			
Note: Secondary Employment: A preexisting authorization for outside employment will be automatically reviewed for any period of time that an employee is on a Limited Duty assignment or absent from work as a result of an illness or injury (see Directive #2218, "Outside Employment").			
13. Signature of Employee: _____		14. Date: _____	
15. Name of Eyewitnesses: _____			
16. Statement of Supervisor: _____			
17. Supervisor's Name	18. Supervisor's Signature	19. Date	
_____	_____	_____	

FACILITY HEALTH SERVICES REPORT

20. Evaluation/Findings: _____ _____ _____ _____ _____	
21. Services Provided:	<input type="checkbox"/> First Aid/Assessment <input type="checkbox"/> Medical Treatment: _____ _____ _____ _____
22. Personal Physician of Injured Employee: _____ Phone No.: _____ Address: _____	
23. Date Injury Reported to Medical Unit: _____	24. Time: _____
25. Signature: _____	26. Title: _____

Distribution: White – Personnel

Canary – Fire/Safety Officer

Pink – Employee

WORKERS' COMPENSATION BENEFIT ELECTION FORM
New York State Council 82, NYSCOPBA or PBA of NYS Negotiated Agreements

To be completed by employee

INSTRUCTIONS: Please complete this form and submit it to your agency each time you file an accident report.

- ☐ Agency Police Services Unit
- ☐ Security Services Unit
- ☐ Security Supervisors Unit

Name	Social Security Number <u> X X X </u> - <u> X X </u> - <u> </u> <u> </u> <u> </u>
Street Address	Home Telephone Number
City or Post Office State Zip Code	Date of Accident

I elect the following benefit program for all absences related to this accident:

1. **New York State Workers' Compensation Law Coverage only** ☐ Yes ☐ No
I understand that if I elect the Law coverage only I will be placed on leave without pay for all absences related to this accident and I will receive only the benefits provided by the New York State Workers' Compensation law.

2. **Workers' Compensation Leave Benefit Program** ☐ Yes ☐ No

I understand that if I elect the Leave Benefit Program, in addition to Law coverage, I will be eligible for the benefits as provided in the Council 82, NYSCOPBA or PBA of NYS negotiated agreements which include up to 6 months of paid leave, and use of credits and sick leave at half pay, if eligible. I also understand that to receive these benefits I must participate in the medical evaluation and limited duty components of this Program.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are being asked to provide on this form is being requested pursuant to Article 14 of the Council 82, NYSCOPBA or PBA of NYS negotiated agreements for the principal purpose of determining whether you qualify for employer-provided workers' compensation benefits and will be maintained by the Personnel Office in the agency or facility in which you are employed. Failure to provide this information may result in delay of processing benefits. This information will be used in accordance with Section 96 (1) of the personal Privacy Protection Law particularly subdivisions (b), (d), and (e). For further information relating only to the personal Privacy protection Law, contact your personnel Office.

Signature	Date
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DOCUMENTATION FOR WORKERS' COMPENSATION LEAVE

- Medical documentation must be submitted to the facility Medical Information Officer, not facility medical staff.
- Initial medical documentation for Workers' Compensation must be submitted to the facility Medical Information Officer within the first week of absence or upon return to duty, whichever occurs first.
- For Workers' Compensation absences, documentation is to be submitted to the facility Medical Information Officer on an ongoing basis, normally every 30 days but not less than once every 45 days for extended absences.
- Conforming medical documentation must be submitted to the facility Medical Information Officer UPON RETURN TO DUTY, unless otherwise ordered to return to full or limited duty because of an Independent Medical Evaluation.

Employee's Name: _____

Date of Injury: _____

Date of First Treatment for this Injury: _____

Date of Examination: _____

Date Employee is Incapacitated From: _____ To: _____

Prognosis:

Diagnosis (Required for all Workers' Compensation absences, regardless of length):

(International Classification of Diseases or ICD Codes are not acceptable)

Re-Evaluation Date: _____ and/or Full Duty Date: _____

☐ This Injury/Illness is Work – Related (Workers' Compensation)

Signature of Medical Provider or Designee

Date Signed: _____

Location of Office Where Examination Took Place:

By submission of this document, I am attesting that all of the information provided was completed by a licensed medical physician/provider.

An alternate form may be used for documentation, but all of the required information must be included. All documentation is subject to verification.

DOCUMENTATION FOR
WORKERS' COMPENSATION LEAVE
PRIOR APPROVED APPOINTMENTS

Conforming medical documentation must be submitted to the facility
Medical Information Officer **UPON RETURN TO DUTY.**

Employee's Name: _____

Date of Injury: _____

For Workers' Compensation
Medical Provider Appointments,
this box must be completed.

Start Time of Apt: _____ End Time of Apt: _____

Signature of Medical Provider or Designee

Date Signed: _____

Location of Office Where Examination Took Place:

By submission of this document, I am attesting that all of the information provided was completed by a licensed medical physician/provider.

An alternate form may be used for documentation, but all of the required information must be included. All documentation is subject to verification.

Reporting Procedures for Security Employees**A. Employee's Responsibilities:**

1. Report their injuries immediately or as soon as possible to the area supervisor to ensure proper medical treatment/relief (employees only also are expected to report injury to the NYS Accident Reporting System at 1-888-800-0029 within 24 hours of the accident/injury absent any extenuating circumstances);
2. Report to facility health care unit for examination by medical staff;
3. Cooperate in the investigation of any accident;
4. Complete items 1 - 15 of an "Employee Accident/Injury Report" (Form 1203), and submit it to medical staff for completion of the health services report section; and
5. Complete a "Benefit Election Form" (Attachment E) and submit it along with the original Form 1203 to the facility personnel office (employee can complete the social security number section by entering "on file").

B. Supervisor's Responsibilities:

1. Call the Health Services Unit for necessary medical assistance;
2. Ascertain and report facts and circumstances of accidents and injuries occurring within their areas, and record this information on the "Employee Accident/Injury Report" (Form 1203) they will be expected to provide data to the facility's Unusual Incident System (UIS) reporter);
3. Complete the supervisor's segment of the "Employee Accident/Injury Report" (items 16 - 19, Form 1203) and assist employees who have been incapacitated by their injury to complete the employee segment of that report; and
4. Notify the fire/safety officer of any serious accidental injuries and any injuries which indicate unsafe conditions and assist the fire/safety officer in completing an "Accident/Injury Investigation Report" (Form 1599) in a timely manner.

C. Medical Unit:

1. Promptly respond to the medical needs of any person injured within the facility, consistent with prudent medical judgment; and
2. Complete the "Facility Health Services Report" segment of the "Employee Accident/Injury Report" (Form 1203) at the time of initial treatment and give it to the injured employee (or the area supervisor, if the employee is incapacitated) for further completion and submission to the facility personnel office.
3. Provide the injured employee with a copy of Attachment F – "Documentation for Workers' Compensation Leave."

D. Personnel Responsibilities:

1. Receive and review the "Employee Accident/Injury Report" (Form 1203) and "Benefit Election Form" (forwarding copy of the #1203 form to the Fire and Safety Officer for follow-up investigation);
2. Complete an "Employer's Report of Injury/Illness" (Form C-2) with the Worker's Compensation Board within 10 days after the occurrence of a reportable injury on the Accident Reporting System (ARS) and update claim information as appropriate;
3. Ensure that Form C-11 is processed on the ARS to notify the State Insurance Fund and the Workers' Compensation Board that there has been a status change of an employee who has been absent due to a compensable workers' compensation incident, including notice that the employee has returned to work or to report intermittent lost time;

4. Maintain the NYS Dept. of Labor "Log of Work Related Injuries and Illnesses" (Form SH-900) and enter each recordable case on the log within six working days after learning of its occurrence;
 5. Post the annual summary of work related injuries and illnesses for the previous year, using Form SH-900.1 as required by 12 NYCRR 901.32; and
 6. Request consultant medical examinations through the State Insurance Fund as appropriate.
 7. Provide the employee with a Claimant Information Packet.
- E. Deputy Superintendent for Administrative Services' Responsibilities:
1. Ensure that Workers' Compensation claims are filed and processed accurately and take corrective action when warranted;
 2. Review questionable cases and ensure that witnesses' statements are submitted;
 3. Review any preexisting authorization for outside employment in accordance with section IV-N of this directive and section III-E of Directive #2218, "Outside Employment."
 4. Monitor the Workers' Compensation Benefit Program on an ongoing basis; and
 5. Discuss questionable cases with the State Insurance Fund and the Central Office Personnel representative.
- F. Timekeeper's Responsibilities:
1. Post absences, re-credit and restore accruals as directed by the Personnel Office (status change);
 2. Identify absences with date of accident and carrier case number, with intermittent lost time, it is imperative that the time records reflect the date of accident to which it is related; and
 3. Report any problems, inconsistencies or discrepancies to the Personnel Office.
- G. Fire/Safety Officer's Responsibility:
1. Thoroughly investigate any case of serious accidental injury to any person within the facility, or any other "recordable" injury as defined in section II-E of Directive #4065, "Reporting Injuries and Occupational Illnesses", and complete an "Accident/Injury Investigation Report" (Form 1599) with the employee's supervisor; and
 2. Establish and maintain annual logs (Forms 1592 and 1592.1) to provide running records of employee/volunteer, visitor, contractor, and inmate accidents.
- H. Payroll's Responsibilities:
1. Process appropriate PAYSR transaction to correspond to the NYSTEP transaction submitted by the Personnel Office and in accordance with the Office of the State Comptroller bulletins; and
 2. Notify Personnel Office of any conversations with the Office of the State Comptroller which may impact on employee's pay status or claim.
- I. State Insurance Fund:
1. Record facility calls on lost time accidents and issue carrier case number;
 2. Investigate claims; contest claims where there is evidence that no disability exists or where there is a question that the disability may not be causally related to the reported accident;
 3. Schedule consultant examinations when appropriate;
 4. Appeal an initial determination of the Workers' Compensation Board where there is substantial evidence to support the original decision to controvert the claim; and
 5. Comply with final determination of Workers' Compensation Board.