
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>Workers' Compensation Benefits (Non-Uniformed Employees)</p>		<p>NO. 2208B</p>
			<p>DATE 12/11/2019</p>
<p>SUPERSEDES</p> <p>DIR# 2208B Dtd. 05/21/18</p>	<p>DISTRIBUTION</p> <p>A</p>	<p>PAGES</p> <p>PAGE 1 OF 16</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>Civil Service Law; Workers' Compensation Law; Payroll Bulletins; ACA Expected Practices 4-4041, 2-CO-1B-11, 4-APPFS-3D-27, 4-JCF-6B-02; Directives #2218, #2220, #4065; State Attendance and Leave Manual; Contractual Agreements; OSC Rules for Classified Service; Family Medical Leave Act</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 ASU, ISU, OSU, or PS&T Units or Management/Confidential requests Workers' Compensation Benefits.
- II. AUTHORITY**
- Section 21.8, State Attendance and Leave Manual
 - Workers' Compensation Law
 - Section 71, Civil Service Law
 - Rule 5.9 of the Rules for Classified Services
 - Contractual Agreements, CSEA - Article 11, PS&T - Article 13
 - Office of the State Comptroller Payroll Bulletins
 - Family Medical Leave Act - 1993
- III. CRITERIA:** To receive Workers' Compensation Benefits from the employer, the following criteria must be met:
- The employee must have attendance rules coverage;
 - The injury or illness sustained must be work related; and
 - The injury, illness, or subsequent complications must result in the employee being necessarily absent from his or her position.
- IV. INFORMATION:** Previous contract provisions still apply, and benefits to be granted depend on bargaining unit and date of the compensable illness/injury.
- A. Statutory Benefit Program - CSEA-represented employees**
1. CSEA employees who sustain workers' compensation injuries on or after July 1, 1992 will receive the statutory benefit provided by the Workers' Compensation Law (reimbursement for medical expenses and a wage replacement benefit not to exceed the current maximum allowed by law). They will not receive a supplemental payment from their agencies. They will, however, earn leave credits, accrue seniority, receive retirement service credit, have Employee Benefit Fund contributions made on their behalf, and be eligible to continue in the health insurance program paying employee share premiums for a period not to exceed 12 months.

These employees will not be permitted to charge leave credits (except during the first seven calendar days [five work days] of the statutory waiting period and for partial day absences following return to work).

Apart from the waiting period, intermittent full-day absences and all periods of continuous absence due to the disability are leave without pay and may not be charged to accrued leave credits. If a holiday falls during the seven calendar day waiting period, an employee charging leave credits charges one day less, if the holiday coincides with a work day or if the employee is credited with holiday leave for a holiday which coincides with the employee's regular day off.

2. The Mandatory Alternate Duty Policy is designed to assist employees in returning to work prior to the resumption of full job duties and to enable agency management to utilize the capabilities of these employees who would otherwise be unable to return to duty until some future time. In connection with this policy, the term "mandatory" means that (a) an employee who meets the eligibility criteria and requests a mandatory alternate duty assignment must be offered a mandatory alternate duty assignment and (b) that an employee who meets the eligibility criteria can be ordered by management to return to work in a mandatory alternate duty assignment.

In order to participate in the Mandatory Alternate Duty Program, you must meet the following criteria:

- a. Be classified as partially disabled at 50% or less by the State Insurance Fund or the employee's personal physician. (This determination must be supported by an Estimated Physical Capabilities Form outlining the employee's current capabilities.); and
- b. Have a prognosis of full recovery within 60 calendar days.

Refer to Section 21.8 of the Attendance Manual for a detailed description of the Benefit and Alternate Duty Programs.

- B. Supplemental Wage Payment Program - CSEA-represented employees: CSEA employees who sustain workers' compensation injuries on or after July 1, 2004 will receive the statutory benefit provided by the Workers' Compensation Law (reimbursement for medical expenses and a wage replacement benefit not to exceed the current maximum allowed by law). In addition, THEY MAY BE ELIGIBLE TO RECEIVE a nine-month supplemental wage payment, which guarantees 60% of their pre-disability gross wages. The pre-disability gross wages are defined as the sum of an employee's base annual salary, location pay, geographic differential, shift differential, and inconvenience pay. To qualify for a supplement, a participating employee must have a degree of disability of total (100%) or marked (75%) as determined by the State Insurance Fund and must be within the first nine cumulative months (39 weeks) of disability. Once an employee is determined to be 50% or less disabled by the State Insurance Fund (moderate or mild disability) or an employee has been absent for more than nine cumulative months (39 weeks), the employee is no longer eligible for supplemental payments except as provided under the Mandatory Alternate Duty Policy in Section 11.8(a)(6) of the agreements.

C. Medical Evaluation Program - PEF-represented employees

1. PEF-represented employees who sustain a job-related injury on or after July 1, 1993 will receive the statutory benefit provided by the Workers' Compensation Law (reimbursement for medical expenses and a wage replacement benefit not to exceed the current maximum allowed by law). In addition, those who elect to participate in a Medical Evaluation Program will be eligible for a supplement to bring them up to 60% of their gross pay and to participate in a Mandatory Alternate Duty Program, earn leave credits, accrue seniority, receive retirement service credit, and be eligible to continue in the health insurance program paying employee share premiums for a period not to exceed nine months. These employees will not be permitted to charge leave credits (except during the first seven calendar days [five work days] of the statutory waiting period and for partial day absences following return to work). Apart from the waiting period, intermittent full-day absences and all periods of continuous absence due to the disability for the first 12 continuous months are leave without pay and may not be charged to accrued leave credits.

PEF employees are able to choose Workers' Compensation Law benefits only or the Medical Evaluation Program provided in their contract for any injury on or after July 1, 1993. If the contractual benefits are chosen, the individual agrees to participate in a medical evaluation process designed to return individuals to work on an alternate duty prior to full recovery. If no choice is made by the employee, he or she will be placed in the Medical Evaluation Program.

2. The Mandatory Alternate Duty Policy is designed to assist employees in returning to work prior to the resumption of full job duties and to enable agency management to utilize the capabilities of these employees who would otherwise be unable to return to duty until some future time. In connection with this policy, the term "mandatory" means that (a) an employee who meets the eligibility criteria and requests a mandatory alternate duty assignment must be offered a mandatory alternate duty assignment and (b) that an employee who meets the eligibility criteria can be ordered by management to return to work in a mandatory alternate duty assignment.

In order to participate in the Mandatory Alternate Duty Program, you must meet the following criteria:

- a. Be classified as partially disabled at 50% or less by the State Insurance Fund or the employee's personal physician. (This determination must be supported by an Estimated Physical Capabilities Form outlining the employee's current capabilities.); and
- b. Have a prognosis of full recovery within 60 calendar days.

Refer to Section 21.8 of the Attendance Manual for a detailed description of the Benefit and Alternate Duty Programs.

D. Management/Confidential (M/C)

1. Interim Workers' Compensation Program: M/C Employees who sustain a work-related accident between July 1, 1992 and August 31, 1994 are provided a minimum of one year of disability leave, as provided under Section 71 of the Civil Service Law.

During this absence, employees may use accumulated leave credits and sick leave at half-pay (or Income Protection Plan (IPP) benefits for those eligible) for all compensable absences during the leave. Employees will receive wage replacement benefits directly from the State Insurance Fund for any periods of leave without pay. Employees receive no wage replacement benefits from the State. Upon return to work and following a Workers' Compensation Board Notice of Decision, the credits used by the employee will be restored to him or her for all periods (after the initial 14 calendar days of absence) during which New York State receives credit for wages paid. Credits used during the first 14 calendar days of absence are re-credited to the employee upon return to work or separation, whichever occurs first, based on a determination by the State Insurance Fund that the absence was compensable.

2. **Current Program:** Effective September 1, 1994, M/C employees who sustain a work-related accident are provided a minimum of one cumulative year of disability leave, as provided under Section 71 of the Civil Service Law. During this absence, employees may use leave credits and sick leave at half-pay, or IPP benefits for those eligible, for all compensable absences. There is no advancement of leave. After exhaustion of leave credits and sick leave at half-pay eligibility, the employee is entitled to leave without pay. IPP enrollees, after exhaustion of sick leave credits or 14 calendar days of absence, whichever is greater, are eligible for Short-Term Disability (STD) and/or Long-Term Disability (LTD) as appropriate. Since employees remain on the payroll charging credits for the most part, the wage replacements from the State Insurance Fund will be credited to New York State for wages paid. Employees will receive wage replacements directly from the State Insurance Fund generally only during periods of leave without pay, STD, or LTD. Employees receive no supplemental payments from the State. Upon return to work and following a Workers' Compensation Board Notice of Decision and receipt of a C8-Emp, the credits used by the employee will be restored on a prorated basis to him or her for all periods during which New York State receives credit for wages paid.

In addition, for the first cumulative year of absence, employees will be treated as though they are in full pay status for the purposes of accrual of leave credits, continuous service, and retirement service credit. If employees are continued on the payroll beyond one year, they should be reverted to whatever status is appropriate for a non-occupational disability absence (e.g., sick leave without pay, LTD).

Refer to Section 21.8 of the Attendance Manual or to Policy Bulletin 94-02 for a detailed description of the benefit.

- E. **Award and Supplement Benefit Program:** Accidents occurring on or after April 1, 1986 and prior to July 1, 1992 for CSEA; on or after April 1, 1986 and prior to July 1, 1993 for PEF; and on or after September 1, 1986 and prior to July 1, 1992 for M/C.

Workers' Compensation Leave at Net Pay: This leave can be granted or withheld at the discretion of the State Insurance Fund pending a Workers' Compensation Board Award and provides the claimant with leave at net pay through an award and supplement program for a continuous period of nine months, or a cumulative total of 39 weeks of payment from the State Insurance Fund for each accident reported.

Refer to Section 21.8 of the Attendance Manual for a detailed description of the benefit program: OSC Bulletin P-665 covers procedures for processing supplement payments.

The Department is bound by the State Insurance Fund's decision to accept or controvert a claim; however, where it is questionable that an accident occurred at work or the resulting disability is not causally related to an accident at work or that any disability exists, this information should be relayed to the State Insurance Fund and possible controversion pursued. Concerns of this nature should also be discussed with the Central Office facility personnel representative.

- F. 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 #93-02, 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 on-the-job injury or illness which has been accepted by the State Insurance Fund, 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/her leave (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 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 termination. 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 ten months and medical documentation gives no indication of possible return to duty, the facility is to contact their Personnel representative in Central Office. (Reference section IV-K.)
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 (EHS) 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. The employee may be provided with a copy of the medical report and any other records on which the decision is based, by submitting a written request to EHS.
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, 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.

- G. Workers' Compensation Board Award: An award by the Workers' Compensation Board is the final determination of days of compensable absence (subject to appeal procedures), and may include:
1. Direct payment to the employee for periods of leave without pay or supplemental pay program absences covered by supplemental payments.
The Workers' Compensation Board has the power to hear and determine the eligibility of an employee for compensation benefits as provided by the Workers' Compensation Law and New York State, as the employer, has agreed to abide by these determinations.
 2. Payment to the employer for periods of absence during which the employee received salary by charging leave credits or using sick leave at half pay. Such leave credits are to be restored to the employee in accordance with the applicable benefit.
- H. Administrative Reporting: When a civilian employee is injured, the procedures outlined on Attachment B are to be followed (see also Directive #4065, "Reporting Injuries and Occupational Illnesses").
- I. Medical Documentation: Medical documentation substantiating disability and relating the disability to a specific accident at work must be submitted for any absence charged to an alleged work-related injury or illness. Absences which are not documented shall result in AWOL status or FMLA LWOP, as appropriate. Upon the second instance of failure to provide conforming medical documentation, employees shall be subject to discipline, unless the absence has been designated FMLA.
1. 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 on an ongoing basis, normally every two weeks. However, in the case of extended absence, the documentation must be provided not less than once a month, depending on prognosis.
 2. Granting and documenting 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 employee's name, date of accident, location, start time, and end time of the appointment.
 - c. Appointments of four hours or less: 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: 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 or Supervisor must closely question the need (i.e., location, time of the appointment, can it be scheduled during off hours, etc.).

- e. All notes and cards are subject to verification.

NOTE: Employees are encouraged to use the appropriate documentation form, "Documentation for Workers' Compensation Leave," (Attachment C) or "Documentation for Workers Compensation Leave Prior Approved Appointments" (Attachment D). 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.

J. Restoration of Leave Credits

1. Under both the Statutory Benefit Program and the Supplemental Wage Payment Program for CSEA (Section IV-A&B) and the Medical Evaluation Program for PEF (Section IV-C), leave accruals charged are restored to the employee on a prorated basis only following a Notice of Decision by the Workers' Compensation Board and receipt of a C8-Emp, crediting New York State for wages paid. There is no re-crediting of accruals under the Statutory Benefit Program, Supplemental Wage Payment Program, or the Medical Evaluation Program.

2. Leave credits used in connection with the Supplemental Pay System may be re-credited or restored.

Re-credited leave refers to those credits used by the employee prior to issuance of an award and supplement. Re-credited leave credits may be used by the employee should he or she exhaust the nine-month benefit and still is disabled. Restored credits refer to those credits used by the employee after the nine-month benefit is exhausted. When the Workers' Compensation Board makes an award which credits New York State for time lost after exhaustion of the nine-month benefit, credits are restored to the employee.

3. Restored leave credits cannot be used again for absences charged to the same injury.

- K. 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 inmate assault sustained in the course of his/her employment. Chapter 577 amends section 71, effective September 22, 2003, to extend the leave of absence for an employee who has been separated from the service by reason of a disability resulting from an assault sustained in the course of his or her employment to two cumulative years, unless the disability permanently incapacitates the employee from the performance of the duties of his or her position. This new provision is retroactive and applies to incidents occurring prior to the effective date of the law. An employee who is on leave due to a serious health condition should not be terminated pursuant to Section 71 while absent on Family

Medical Leave Act (FMLA) leave. (See Attendance and Leave Manual, Appendix I, Advisory Memorandum No. 95-04.)

In those instances where a supervisor recommends that an employee be granted a continuation of disability leave, the request must be justified and approved by the Director of Personnel.

L. Periodic Absences

1. For new injuries covered under Sections IV-A, B, and C, employees are permitted to charge leave credits for partial day absences following return to work. However, employees are not permitted to charge leave accruals for full days of intermittent absence following return to work. Refer to Section IV-I for documentation requirements.
2. For old injuries covered under Section IV-E, intermittent absences occurring after an employee has returned to duty are to be charged to accruals. In cases where the nine-month eligibility has not been exhausted, accruals will be re-credited upon receipt of a Workers' Compensation Board Award and direction from the State Insurance Fund to process supplement payment. In cases where eligibility has been exhausted, accruals will be restored on receipt of a Workers' Compensation Board Award crediting New York State.

- M. Return to Work: When an employee returns to full or limited duty following recovery from an on-the-job related accident or illness, the appropriate Personnel Office has the responsibility to complete an Employee Status Change form if the employee is charging accruals during the waiting period or a NYSTEP transaction if the employee has been removed from the payroll. Copies of the transactions should be placed in the employee's ADA file. In addition, if a NYSTEP transaction is completed, a copy must be forwarded to the Payroll Office so that a corresponding PAYSR transaction can be processed.

The State Insurance Fund should be contacted by phone or e-mail and provided with the appropriate return-to-duty information. In addition, when the employee returns to work or there is a change in work status, the Personnel Office should forward an electronic C-11 on the Workers' Compensation Automated Reporting System.

If a State Insurance Fund physician has determined that an employee is able to return to full-duty status, he or she will be ordered to report for duty. If the employee refuses to comply with the order, he or she may be subject to discipline. When an employee contests an order to return to work, the Bureau of Personnel is to be notified immediately. No charge to leave credits is to be allowed. The case then should be referred to the Bureau of Labor Relations for review and appropriate action.

N. Controverted Claim

1. *Definition*: A controverted claim for civilian Workers' Compensation Benefits occurs when the State Insurance Fund challenges or disputes either the employee's claim of a work-related disability or the extent of the disability. When there is a disability but the claim for Workers' Compensation Benefits is controverted by the State Insurance Fund, the employee's absence is treated as any ordinary disability, and no benefits are provided under this program.

2. *Responsibilities:* Even if the State Insurance Fund initially indicates they will controvert the claim, the Personnel Office should indicate the facility's wish to controvert the claim by making a note on the "Description" panel in the Automated Reporting System within the "Additional Information about Accident or Illness" and, in addition, check the box on the Personnel panel on the Automated Reporting System that the employer is disputing the claim. At the same time, a letter should be sent to the State Insurance Fund justifying the reasons for a request to controvert the employee's claim.
- O. Accidental Disability Retirement: Needed assistance, such as providing initial contacts with the NYS and Local Employees Retirement System and the local Social Security Administration office, may be provided by the facility Personnel Officer.
- Whenever an application for Accidental Disability Retirement is approved, the employee will retire according to NYS and Local Employees Retirement System regulations.
- P. Leave under the Family and Medical Leave Act of 1993: Workers' Compensation absences involving incapacity beyond three calendar days will be designated as FMLA leave if the employee is eligible for such leave. For more information, reference Directive #2220, "Family Medical Leave Act," and the State Attendance and Leave Manual, Policy Bulletin #94-01 and 95-01, or contact your Personnel representative.
- Q. 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.
- R. 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").
- S. Record Keeping: An employee's time record needs to reflect all transactions concerning the employee's absence due to each individual occupational injury or disease. It is recommended that agencies use the SIF case file number or date of accident on time records so that each absence is associated with the appropriate case. This is important not only for payment purposes, but also to calculate the nine months of benefits and one calendar year minimum entitlement to leave available for a single injury or disease and to be able to restore leave credits accurately.

PLEASE USE FACILITY LETTERHEAD

DATE

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Name

Re: Workers' Compensation Leave

Address City, State Zip

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 Department of Civil Service 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 FMLA leave, if you are eligible for such leave.

During your Workers' Compensation Leave, you are required to provide your supervisor with appropriate medical documentation including diagnosis and prognosis every two weeks, 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
Central Office Personal History File

Reporting Procedures for Central Office and Facilities**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 encouraged to report injury to the NYS Accident Reporting System at 1-888-800-0029 within 24 hours of the accident/injury);
2. Report to facility health care unit for examination by medical staff;
3. Cooperate in the investigation of any accident; and
4. (Employees only) 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.

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 [Form #1203](#) (they will be expected to provide data to the facility's Unusual Incident System (UIS) reporter);
3. Provide the injured employee with a copy of Attachment C, "Documentation for Workers' Compensation Leave."
4. Complete the supervisor's segment of the "Employee Accident/Injury Report" (items 16-19 of [Form #1203](#)) and assist employees who have been incapacitated by their injury to complete the employee segment of that report; and
5. 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 Responsibilities

1. Promptly respond to the medical needs of any person injured within the facility, consistent with prudent medical judgment;
2. Complete the "Facility Health Services Report" segment of the "Employee Accident/Injury Report" ([Form #1203](#)) at 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; and
3. Provide the injured employee with a copy of Attachment C, "Documentation for Workers' Compensation Leave."

D. Personnel Responsibilities

1. Receive and review the "Employee Accident/Injury Report" ([Form #1203](#)) (forwarding copy of the form to the Fire/Safety Officer for follow-up investigation);
2. Complete an "Employer's Report of Injury/Illness" ([Form C-2](#)) with the Workers' Compensation Board within ten 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; and
 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.
- E. Deputy Superintendent for Administrative Services Responsibilities
1. Ensure that Workers' Compensation claims are filed and processed accurately. Take corrective action when warranted;
 2. Review questionable cases and ensure that witnesses' statements are submitted;
 3. Review any pre-existing authorization for outside employment in accordance with Section IV-R 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 Responsibilities
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 ([Form #1592](#) and [Form #1592.1](#)) to provide running records of employee/volunteer, visitor, and contractor.
- 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 Responsibilities
1. Record facility calls on lost time accidents and issue carrier case number;
 2. Schedule medical evaluations;
 3. 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;
 4. Schedule consultant examinations when appropriate;
 5. Appeal an initial determination of the Workers' Compensation Board where there is substantial evidence to support controversy; and
 6. Comply with final determination of Workers' Compensation Board.

Reporting Procedures for Community Supervision Field Staff**A. Employee's Responsibilities**

1. Complete items 1 - 24 of a "Community Supervision Field Staff Employee Accident Report" ([Form #CS1203](#)); and
2. Submit the completed Accident Report to your supervisor.

B. Supervisor Responsibilities

1. Complete the supervisor's segment of the "Community Supervision Field Staff Employee Accident Report" (items 25-27 of [Form #CS1203](#)) and, if necessary, assist employees who have been incapacitated by their injury to complete the employee segment of that report;
2. Provide the injured employee with a copy of Attachment C, "Documentation for Workers' Compensation Leave;" and
3. Forward the completed [Form #CS1203](#) to the appropriate Regional Administrative Assistant.

C. Regional Administrative Assistant (or designee) Responsibilities

1. Review the "Community Supervision Field Staff Employee Accident/Injury Report" ([Form #CS1203](#)). If form is not complete, contact the employee or the employee's supervisor to resolve problems; and
2. Forward the completed [Form #CS1203](#) and/or any medical documentation you receive to the Central Office Medical Information Officer.

D. Central Office Personnel Staff Responsibilities

1. Complete an "Employer's Report of Injury/Illness" ([Form C-2](#)) with the Workers' Compensation Board within ten days after the occurrence of a reportable injury on the Accident Reporting System (ARS) and update claim information as appropriate;
2. 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;
3. 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; and
4. 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.

E. Central Office Attendance Control Officer/Medical Information Officer Responsibilities

1. Ensure that Workers' Compensation claims are filed and processed accurately. Take corrective action when warranted;
2. Review questionable cases and ensure that witnesses' statements are submitted;
3. Review any pre-existing authorization for outside employment in accordance with Section IV-R 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.

F. Timekeeper's Responsibilities

1. Post absences, re-credit and restore accruals as directed by the Personnel Office;
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. 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.

H. State Insurance Fund Responsibilities

1. Record facility calls on lost time accidents and issue carrier case number;
2. Schedule medical evaluations;
3. 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;
4. Schedule consultant examinations when appropriate;
5. Appeal an initial determination of the Workers' Compensation Board where there is substantial evidence to support controversion; and
6. Comply with final determination of Workers' Compensation Board.

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 two weeks but not less than once per month 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: _____ 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.

WC (11/19)

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
of **more than 4 hours**, 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.