TALLAHASSEE COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES

POLICY

<table>
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<tr>
<th>TITLE: Liabilities and Workers’ Compensation Claims</th>
<th>NUMBER: 6Hx27:12-02</th>
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<tbody>
<tr>
<td>AUTHORITY: Florida Statute: 1001.64, 1001.65</td>
<td>SEE ALSO: 6Hx27:04-37</td>
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<td>FAC: 6A-14.0247</td>
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<td>DATE ADOPTED: 12/1/97; revised 1/22/01</td>
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The term **liability** includes, but is not limited to the following: liability, property, errors & omissions, faithful performance, fine arts of others, money, and securities. The term **liability** is also used for reporting injuries and accidents of non-employees.

All claims for liabilities are processed through the Campus Police Department. Claims are handled by the loss control management company for the FCC Risk Management Consortium.

For the protection of the employee and the College, all on-the-job accidents, injuries, or occupationally incurred illnesses (workers compensation incidents), no matter how small or regardless of where they happened, must be reported as soon as possible to the employee’s immediate supervisor and the Human Resources Department. If the Human Resources Department is closed, the incident should be reported to the Campus Police Department.

Failure by an employee to report a personal Workers’ Compensation incident as soon as possible after the occurrence shall result in the employee’s supervisor initiating disciplinary action.

**Reporting Claims**

All claims should be reported to the Campus Police Department with the exception of work-related accidents/injuries that involve medical treatment or lost time.

All claim reports begin with a source document identified as the Accident-Incident Report (A/I Report). This form is to be completed in detail and signed, if at all possible, by the injured party. This form is then reviewed and signed by the department head or supervisor where the incident occurred.

The completed form is signed by the College Risk Management Coordinator. The Campus Police Department mails the original A/I form to the FCC Risk Management Consortium for handling.
Medical Treatment Required

Workers Compensation claims requiring medical treatment or lost work time will require a Notice of Injury form (DWC-1), a Referral for Medical Services form, a Wage Statement form, and a Return to Work Notice form. The Wage Statement must include the previous thirteen (13) weeks wages and benefits for that period. The Return to Work Notice must include the date the employee returns to work with the allowable duties defined.

Claims requiring any or all of the above forms will be completed by the Human Resources Department. (If the accident or injury occurs after hours, the Campus Police Department shall authorize medical treatment and shall report the accident/incident to the Human Resources Department at the beginning of the next working day.)

Within seven (7) calendar days after the notice of injury, the Human Resources Department shall complete and forward the necessary forms for the claim to the FCC Risk Management Consortium loss control management company with a copy of the A/I Report. The original A/I Report shall be sent to the FCC Risk Management Consortium with a copy of the DWC-1 form.