



## WORKERS' COMPENSATION PROCEDURES

1. All job related accidents must be reported to the employee's immediate supervisor and the Department of Human Resources within 24 hours.
2. An Accident Report and the Supervisor's Accident Investigation Report must be completed and returned to the Benefit's Manager. If medical attention is required the employee will be referred to Concentra Medical Center, 560 Broad Street, Newark, NJ (973) 643-4969.
3. Authorization is required prior to treatment. Medical authorization forms are available in the Department of Human Resources. Medical over-billing or over-treatment is fraudulent.
4. Employees must follow the treatment program established by the worker's compensation doctor. Services rendered by the employee's personal physician may be not compensable.
5. It is the employee's responsibility to notify their supervisor and the Department of Human Resources if authorized time-off by the worker's compensation doctor. It is also the employee's responsibility to keep their supervisor informed of the treatment and recovery process. It is the supervisor's responsibility to investigate the accident and complete the Supervisor's Accident Investigation Report; the Supervisor's Investigation Report must be returned to the Department of Human Resources, not given to the employee.
6. Members of AFSCME, OPEIU, FOP and SOA must refer to their union contracts regarding the rate of pay when absent from work due to a job related accident.
7. It is fraudulent to exaggerate or fake an injury, falsify an injury as work-related, or work elsewhere while collecting loss of wage benefits.

**Note:** *Employees' who are absent due to a job related accident, are not removed from the payroll, if they have sufficient sick time accrued. If an employee receives a check from the Worker's Compensation Carrier, the check must be endorsed and returned to the Payroll Manager at NJIT. Employees who cash checks that they are not entitled to receive will have the amount of the worker's compensation reimbursement payment deducted from their paycheck(s).*

COMPLETE THE EMPLOYEE'S PRELIMINARY ACCIDENT REPORT FORM ON THE NEXT PAGE



**RETURN THIS FORM TO THE DEPARTMENT OF HUMAN RESOURCES WITHIN 24 HOURS OF THE ACCIDENT**

Employee:

Address:

NJIT ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Where did the accident occur:

Part(s) of the body injured:

Description of the accident:

Were there any witnesses? If yes, list their name(s) and telephone number(s):

Are you unable to work due to the accident? If yes, what was the last day worked?

If you are a member of a bargaining unit, please check the box below to receive 100% of pay with 30% of the absence charged against sick leave. If the box is not checked, the employee will be paid at the rate of 70%, with no absence charged against sick leave.

I wish to receive 100% of pay, with 30% of the absence(s) charged against sick leave.

\_\_\_\_\_  
 Employee's Signature \*

\_\_\_\_\_  
 Date

Anyone who makes a false or fraudulent statement for the purpose of obtaining worker's compensation benefits or payments is guilty of a felony.

\_\_\_\_\_  
 Supervisor's Signature \*

\_\_\_\_\_  
 Date

I acknowledge receipt of this form.

(Type name if submitting via email)  
 \* Unsigned report will not be accepted.