

WORKERS' COMPENSATION INJURY REPORTS
(Employee Report of Occupational Injury or Illness to Employer)

INSTRUCTIONS

PLEASE READ CAREFULLY AS THE STATE OF ALASKA HAS MADE CHANGES TO THE REPORTING PROCESS.

- If you have been injured in the course of your employment but **ARE NOT** seeking medical treatment you are required to complete an Employee First Aid Injury/Incident Report form immediately following the event. This is an internal form and must be emailed to Reportclaims@fnsb.us immediately after completion.
- If you have been injured in the course of your employment and **ARE** seeking medical treatment you are required to complete an Employee Report of Occupational Injury Or Illness To Employer form immediately following the event and prior to seeking medical treatment, unless your injury requires immediate medical treatment. The form is available online at: <http://www.k12northstar.org/Page/1986>.
- If your injury requires immediate medical treatment and you are unable to complete the required form you or your supervisor are required to call Claims Adjuster at 459-1129. Make sure that the form is filled out completely. This form is submitted to the State of Alaska.

DO NOT COMPLETE BOTH FORMS

- **Only the injured employee should complete the “Employee Report Of Occupational Injury Or Illness To Employer” form however, there are exceptions to the rule.** If the employee is not available due to mental incapacity or the severity of the injury, the employer (supervisor, director, or human resource department) can complete the form for the employee.
- The form is to be submitted to Risk Management via e-mail to Reportclaims@fnsb.us (preferable method). Do not submit any supporting documents with the e-mailed form. Only if you are unable to access the e-mail process may you fax the form to (907) 459-1187. The original form should be immediately provided to Risk Management either via inter-office mail or hand delivery. If the employee has received medical treatment that resulted in work restrictions/limitations or time loss from work, it is urgent that the employee notify Risk Management immediately and provide the adjuster with the completed Fitness for Duty form (included in this packet). It is the responsibility of the employee to obtain a completed Fitness for Duty form at each medical evaluation and submit it to the adjuster immediately following the evaluation.
 - An employee should not be allowed to return to work without submittal of a Fitness for Duty form and clearance to return to work from Risk Management.
- **All severe work injuries; injuries requiring ambulance transport, Blood Borne Pathogen exposures or medical treatment in the Emergency Room must be reported immediately.** During business hours contact Risk Management at 459-1344. After hours notifications may be completed by contacting the Risk Manager by cell phone at 590-4934. Risk Management will make the necessary notifications to OSHA. Failure to report these types of injuries may result in a penalty of \$5,000 or more.
- Failure to submit an Employee Report of Occupational Injury or Illness to Employer form timely may result in a 20% penalty to the Employer. Please remember the Borough and School District are “self-insured” and directly pay all workers’ compensation costs.

It is critical that the Employee Report of Occupational Injury or Illness to Employer form is filled out completely and provided to Risk Management immediately!

Please don't hesitate to call 459-1129 if you have any questions. Thank you.