



**Office of Human Resources**  
550 E. Hospitality Lane Suite 200  
San Bernardino, CA 92408  
www.sbccd.edu

## **WORKERS' COMPENSATION FREQUENTLY ASKED QUESTIONS**

### **WHAT HAPPENS IF I'M INJURED AT WORK?**

If you believe you may have been injured or ill during the performance of your work assignment, you must report it to your supervisor immediately and the Office of Human Resources whether or not medical care is desired.

**STEP 1:** If the injury/illness is not a medical emergency, call and report to the [COMPANY NURSE](#). The Company Nurse gathers information over the phone, triages, give guidance, and helps injured workers access appropriate medical treatment. This document explains your [RIGHTS](#) under workers' compensation. *You may refer to the applicable bargaining agreement for additional information.*

**STEP 2:** Fill out all appropriate [forms](#) that are required and submit them to the Office of Human Resources.

**STEP 3:** If you are accepting medical treatment, go to a pre-approved workers' compensation medical provider listed [here](#), *unless you have a physician-designation form on file (see below for additional information).*

### **WHAT IF I DECLINE MEDICAL TREATMENT, DO I STILL HAVE TO CALL THE COMPANY NURSE AND FILL OUT ALL THE FORMS?**

Yes, all forms need to be filled out by the employee and immediate supervisor, even if you are only "reporting the injury." Please check the box indicating "**I Decline medical treatment**" on the *Authorization for Medical Treatment* form. If you need medical treatment at a later date, please ask your immediate supervisor or the Office of Human Resources for a new *Authorization for Medical Treatment* form.

### **WHAT IF I SEE THE APPROVED WORKERS' COMPENSATION DOCTOR, AND THEY GIVE ME A WORK STATUS REPORT?**

It is your responsibility to provide the Office of Human Resources and your immediate supervisor with a copy of your work status report immediately following your appointment. If you are given work restrictions by your physician, they should clearly state what your limitations are, including any recommended change in your normal schedule/duties. These restrictions will be evaluated to determine if you will fall under the return-to-work program.

### **WHAT IS THE RETURN TO WORK PROGRAM?**

The District's return-to-work program provides opportunities for injured employees to return to work with medical restrictions as outlined by the treating physician, which is an important part of recovering from an injury is returning to work. **Temporary Modified Light Duty Agreements** will be terminated, and the employee will be placed off work if one of the following occurs:

- The treating physician writes the employee off work; or
- The treating physician increases medical restrictions that cannot be accommodated.

**DO I HAVE TO RETURN TO THE MEDICAL CLINIC IF I FEEL BETTER?**

Yes, you need to go to every follow-up appointment until the physician releases you to **FULL DUTY**. If you cannot keep an appointment, please call Keenan at 951-715-0190 ext. 1026 - missed appointments may result in loss of benefits and your ability to participate in the return to work program.

**WHAT IF I WANT TO CHANGE PHYSICIANS?**

You may change physicians once you have received your initial medical attention as long as the physician you choose is within the **medical provider network ("MPN")**. Information regarding the MPN will be given to you at the time of your injury.

**WHAT IF I NEED ADDITIONAL HELP, WHO DO I CONTACT IN HUMAN RESOURCES?**

Contact Human Resources Analyst Stacy Holloway at (909) 388-6946 or [sholloway@sbccd.edu](mailto:sholloway@sbccd.edu)

***"WORKERS' COMPENSATION FRAUD IS A FELONY"-ANYONE WHO KNOWINGLY FILES OR ASSISTS IN THE FILING OF A FALSE WORKERS' COMPENSATION CLAIM MAY BE FINED UP TO \$50,000 AND SENT TO PRISON FOR UP TO FIVE YEARS (INSURANCE CODE SECTION 1871.4)***