

## WORKERS COMPENSATION NOTICE

### CCM Employee Work Related Accident, Injuries or Illnesses

#### Employees

1. Report work related accidents, injuries or illnesses **immediately** to your supervisor or designee, **even if you do not need medical attention at that time.**
2. Report to CCM Health Services (x-5160) or, if closed, to Public Safety (x-5550).
3. If needed, Health Services or Public Safety will refer you to a CCM approved medical facility. **NOTE: Fees for personal physicians will NOT be covered by Workers Compensation insurance.**
4. After your visit to the CCM approved medical facility, update your supervisor regularly regarding your return to work status.
5. Provide copies of all medical notes and invoices to **Human Resources** in HH106.
6. Complete a “Morris County Worker’s Compensation Report of Injury Form” with your supervisor. The form is available from Health Services, Public Safety or Human Resources.
7. Any recurrence of a job related injury or illness must be immediately reported as stated in items 1 and 2 above.

#### Supervisors

1. Refer any employee with a job related accident, injury or illness to Health Services (x-5160) or, if they are closed, to Public Safety (x-5550).
2. Complete and sign the supervisor sections of the “Morris County Worker’s Compensation Report of Injury” form started by the employee, and forward the report to **Human Resources** in HH106.

The full text of CCM’s “Employee Work Related Accidents, Injuries and Illnesses Reporting Requirements” is posted on CCM’s intranet under Human Resources Policies. Contact x-5551 for additional information.