Pitt County Schools
Workers' Compensation Employee Statement

EMPLOYEE INFORMATION:

Full Name: _____

SSN: _____-_____-_____ Date of Birth: _____/_____/_____

Full Address: _____

Home/Cell No: _____ Work Phone No: _____

Email:_____

Employee Status ☐ Full Time ☐ Part Time ☐ Temporary

School/Department: _____

Position/Job Title_____ Exceptional Children: ☐ Yes ☐ No

Regular Work Hours: _____ to _____ Hours Per Day:_____ Per Week: _____

Supervisor's Name: _____ Title: _____

Principal/Supervisor must be immediately notified of all accidents/incidents

INCIDENT/INJURY INFORMATION:

Location where Incident Occurred: _____

Date of Incident:___/___/___ Time Of Incident: _____ ☐ AM ☐ PM

Time you began work on the day of incident: _____ ☐ AM ☐ PM

To whom did you initially report the incident/injury? _____

The date/time initially Reported: _____/_____/_____ _____:_____ ☐ AM ☐ PM

The date/time supervisor was notified ____/____/____ ____:_____ ☐ AM ☐ PM

Describe fully how the incident occurred (including events occurring immediately before and after):

_____

What could be done to avoid recurrence?_____

Body Part(s) injured (be specific): _____

Type of injury(e.g. Laceration, strain etc.) _____

Have you ever been treated for this condition? ☐ Yes ☐ No When?_____

MEDICAL TREATMENT REQUEST:

☐ None Needed
☐ PCS Authorized Workers Compensation Provided
☐ Refused
☐ Emergency Treatment
☐ First Aid Only

*Upon receipt of an employee requesting medical treatment, the risk Management Specialist will provide authorization forms for medical care through the PCS authorized medical provider. If it is determined that the injury is not a compensable claim under the Workers' Compensation Act, the **employee may be responsible** for all medical expenses incurred.

WITNESS INFORMATION:

Witnesses: ☐ Yes ☐ No ☐ Unknown

Please List Adult Witnesses if Applicable:

1. _____ 3. _____
2. _____ 4._____

NOTE:

1. **Waiting Period-** No compensation shall be paid for the first seven calendar days of disability unless the disability continues for more than 21 days. Leave may be used during the first seven days should the provider require you to remain out of work. If leave exceeds available balance, Leave Without Pay will automatically be charged.

2. **Workers' Compensation Rate-** The rate is 66 ⅔% of the average weekly wage during the 52 weeks immediately preceding the date of injury note to exceed the maximum established by the N.C. Industrial Commission.

Article 1. Workers' Compensation Act Section §97-88.2. Penalty for fraud.

- Any person who willfully make a false statement or representation of a material fact for the purpose of obtaining or denying any benefit or payment
- Or assisting another to obtain or deny any benefit or payment under this Article
- Shall be guilty of a Class 1 misdemeanor if the amount at issue is less than $1,000. Violation of this section is a Class H felony if the amount at issue is greater than $1,000. The court may order restitution.

Signature:

By my signature, I certify that statements provided on the form are true and accurate

Signature: _____ Date: _____