Lewiston-Porter Central School District

One Purpose. Your Pathway. Our Promise.

Accident Reporting for All District Personnel

If you are injured in the performance of your duties, the following procedures are provided for your protection:

1. The injury, however slight, should be reported to your direct supervisor immediately.

2. All work-related accidents/injuries require evaluation at the time of accident by the school nurse. If an accident/injury occurs outside the nurse's normal working hours, please report to your direct supervisor and follow up with the school nurse the following day.

3. You will be asked to complete the **Personnel Accident Reporting Form** detailing the injury. The school nurse will sign off on the form and forward it to your supervisor.

Note: Personnel Accident Reporting Forms are available on the district's HR webpage, in the health suite of each building and, for Buildings and Grounds personnel, in the Custodian's office of each building.

4. Your supervisor (Building Administrator (instructional and non-instructional staff) or Director of Facilities (buildings & grounds staff) will sign off on the form and forward it to Jodee Riordan in the Office of Personnel and Human Resources. This must be received by HR/Personnel within forty-eight (48) hours of the accident, so that a compensation report may be filed with our insurance carrier in the required time period.

5. If medical attention is necessary, please inform the physician and/or the hospital that you are an employee of Lewiston-Porter Central School District, and that our compensation carrier is:

Utica National Insurance, PO Box 6584, Scranton, PA 18505.

All bills should be forwarded to:

Lewiston-Porter Central School District
4061 Creek Road
Youngstown, NY 14174
Attn: Jodee Riordan, Office of Personnel and Human Resources

If, after the initial filing of the accident report, medical attention is required, please notify the Office of Personnel and Human Resources of the physician's name and/or the name of the hospital, and the date you were seen, so that the records are updated and correct. This will allow for proper filing of Worker's Compensation paperwork, and the timely payment of bills incurred for medical treatment. Pease provide any physician's notes immediately

The Workers' Compensation Law requires that this information must be filed within ten (10) days of the occurrence. We appreciate your cooperation in assuring that Lewiston-Porter Central School District is in compliance.

Any questions, please contact Jodee Riordan at 716-286-7242 or jriordan@lew-port.com.

Lewiston-Porter Central School District
Office of Personnel and Human Resources
4061 Creek Road, Youngstown, NY 14174
Phone: 716-286-7242 Fax: 716-286-7877

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PERSONNEL ACCIDENT REPORTING FORM 2024-2025

Complete fully and submit to the Office of Personnel/Human Resources immediately following any work-related injury/accident.

EMPLOYEE'S FULL NAME: _____

ADDRESS: _____ **PH:** _____
DATE OF BIRTH: _____ **DATE OF ACCIDENT:** _____

JOB TITLE: _____ **TIME START WORK:** _____ **AM** ___ **PM** ___

BUILDING: _____ **TIME OF ACCIDENT:** _____ **AM** ___ **PM** ___

WHERE DID ACCIDENT OCCUR: (*EX: High School, Hallway)* _____

_____

TYPE OF INJURY AND BODY PART: *(EX: Laceration, left hand)* _____

_____

HOW DID INJURY OCCUR: *(EX: Tripped and fell)* _____

_____

WITNESSES: NAME _____ **PH** _____

NAME _____ **PH** _____

EMPLOYEE SIGNATURE_____**DATE**_____

All work-related accidents/injuries require evaluation at the time of accident by the school nurse.
If accident/injury occurs outside nurse's normal working hours, please report to your direct supervisor immediately, and follow up with the school nurse the next business day. She will forward report to Supervisor.

TIME SEEN: _____ **AM** ___ **PM** ___ **EVALUATION/CARE PROVIDED:** _____

_____

SCHOOL NURSE, SIGNATURE: _____ **DATE**_____

MEDICAL TREATMENT: **Doctor's office ( )** **ER/Immediate Care Center ( )** **None ( )**

FACILITY/PHYSICIAN: _____ **DATE:** _____

ADDRESS _____ **NOTE PROVIDED ( )**

All work-related accidents/injuries require notification provided to direct supervisor (Building Administrator or Director of Facilities) at the time of accident/injury. Completed form must be received by Office of Human Resources within 48 hours of accident.

DID EMPLOYEE LOSE TIME? NO ( ) YES ( ) IF SO, WHEN? _____

DATE RETURNED TO WORK _____

SUPERVISOR SIGNATURE_____ **DATE**_____

RECEIVED, HR.: _____

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