

## Employee Statement

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Please explain when, how, and where accident occurred and injuries received:

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(If additional space is needed, attach a separate sheet)

1. Use of leave - If you lose time from work, you may choose one of the following:

- a. Elect to take earned sick leave during the required waiting period and then go on workers' compensation leave and begin drawing workers' compensation weekly benefit.
- b. Elect to go on workers' compensation leave with no pay for the required waiting period and then begin drawing workers' compensation weekly benefits.
- c. Elect to supplement the workers' compensation weekly benefits with the use of partial earned sick leave in accordance with the State Board of Education Workers' Compensation Policy.

*Note: All election involving the use of earned sick leave are subject to their availability.*

2. Waiting Period - No compensation shall be paid for the first seven days of disability unless the disability continues for more than 21 days. (Sick leave may be used for the first seven days.)

3. Workers' Compensation Rate - Two-thirds of your average weekly wage during the 52 weeks preceding the date of the injury not to exceed the maximum established by the N.C. Industrial Commission.

4. Medical Services - Referrals - You must choose a physician from the PPO list provided by your employer. You may not change doctors unless you are referred to another doctor by the last treating physician or obtain approval from the State Board of Education and/or the N.C. Industrial Commission. Your medical treatment **must** be obtained by a physician within your state unless approval is granted.

5. Nursing Services - Nursing services are provided only at the request of the treating physician. Note: Housekeeping services in your home and/or child care are not considered nursing care.

6. Prescription Drugs - All prescription drugs must be on Form 25P giving name of doctor, name of drug, claimants social security number and receipts attached before reimbursements can be made.

7. Travel - Employees are entitled to mileage for medical treatment at the rate of 20 cents per mile beyond a 20 mile radius (round trip) from point of origin.

**I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE RULES SET OUT TO BE FOLLOWED IN THE HANDLING OF MY CLAIM.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date