

BUSINESS DEPARTMENT - Financial Services Risk Management Branch – Workers' Compensation Office 1515 Hughes Way, CA 90810-1839 (562) 997-8231 • FAX (562) 997-8052

June 12, 2020

To:

All Employees

From:

Susan Ginder, Financial Services Officer

Subject:

Instructions for Reporting Your Occupational Injury or Illness

and Filing a Workers' Compensation Claim

An occupational injury or illness is one that arises out of and occurs within the course of employment for the District and that is the result of your carrying out your assigned duties. Each incident is to be reported to your site administrator or supervisor within 24 hours. This requirement applies to all employees: certificated and classified, full-time, part-time and temporary.

The Employee's Site Accident/Incident Report (BD 858) is to be completed to make your report to your administrator/supervisor. Obtain the form from your site or from the LBUSD web site. You are responsible for filling in this form as accurately and completely as possible. If you choose to file a workers' compensation claim, you must also complete the Workers' Compensation Claim Form (DWC1).

Please complete the above forms and submit them to your site administrator/supervisor WITHIN 24 HOURS. DO NOT SEND these documents to the District's Central Office.

Publication Authorized:

Yumi Takahashi

Chief Business & Financial Officer