

**ABSENCES FOR WORK RELATED
ILLNESS OR INJURY**

The following information details procedures for recording absences due to a work related injury or illness.

Day of Reported Incident

Employee will be paid full rate of pay for the remainder of the workday without returning to work, unless released for return to work by a doctor.
Sick leave is not charged. **Code 18**

Partial Day Absences

Employee will be paid full rate of pay for **absences of one-half day or less** for necessary visits to a physician or for therapy sessions **that cannot be scheduled outside of the normal workday, provided documentation of visit is received by the district.**

Sick leave is not charged. **Code 18**

Absences for employees must be entered on *Teams.

Unless the employee has reached maximum medical improvement (MMI).

Sick Leave is charged **Code 19**

All Absences for employees must be entered on *Teams

Full Day Absences of Less Than 5 Consecutive Days

Absences must be reported on TEAMS.

Employee may use available sick leave to be paid or request full dock.
Employee must indicate in writing (at the Workers' Compensation Office) to use available sick leave or be docked.

Employee may choose not to use available sick leave even when not eligible to receive payment for the lost time from the workers' comp carrier. **Sick Leave – Code 17**

This will result in full dock on employee's paycheck. **WC Dock – Code 16**

Absences of 5 or More Consecutive Days

Absences must be reported on TEAMS.

Employee may use available sick leave to be paid or request full dock.

Employee must indicate in writing the election (at the Workers' Compensation Office) to use available sick leave or be docked.

Payment from the workers' comp carrier for lost time will begin on the 8th day of absence (including weekends and holidays) or employee may choose to use available sick leave in lieu of lost time benefits.

If lost time benefits are chosen in lieu of using available sick leave, first week of lost time will be reimbursed, at state scheduled rate, by workers' comp carrier if the employee is absent for at least 14 calendar days (including weekends and holidays.)**

If you have any questions please call or email:

Workers' Comp Department
972.968.6199
Fax# 972.968.6103
workerscomp@cfbisd.edu

Or email Payroll Department at:

payrolldepartment@cfbisd.edu

** House Bill 7 change effective 9/1/05
Revised 4/16/15 dk