



# PIKE ROAD SCHOOLS

THINK. INNOVATE. CREATE. *THE PIKE ROAD WAY.*

## Reporting Employee On-the-Job-Injuries per Board policy and Code of Alabama §16-1-18.1

1. Notice of employee injury must be made to the principal or superintendent within 24 hours of occurrence as described in §16-1-18.1. Submit the attached report as part of notification. [Download the PDF for fillable version.](#)
2. Physician certification may be required for injuries that prevent an employee from returning to work. The board may request a second opinion, if necessary.
3. Upon determination by the superintendent that an employee has been injured on the job and can't return to work as a result of the injury, the employee's salary and benefits shall be continued for ninety (90) working days consistent with the employee's injury and the subsequent absence from work resulting from the injury.
4. Employees won't be charged for sick days if the absence from work is found to be a result of the on-the-job injury.
5. An employee's medical expenses and costs related to the on-the-job injury may be filed with the State Board of Adjustment. See forms and procedures for filing [here](#).

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Pike Road, AL 36064

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[pikeroadschools.org](http://pikeroadschools.org)

**STATE OF ALABAMA DEPARTMENT OF EDUCATION  
LOCAL SCHOOL SYSTEM  
PERSONAL INJURY/PROPERTY DAMAGE REPORT**

All sections in yellow must be completed as they pertain to the injury/damage

**SCHOOL DISTRICT** Pike Road Board of Education **School** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**INJURED PERSON**  
**1. Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**2. Address** \_\_\_\_\_

**PREMISES CONDITION**  
**3. Check the type of premises and conditions**  
**Type of Premises:** \_\_\_\_\_ **Conditions:** \_\_\_\_\_ **Notified Police Dept.:** \_\_\_\_\_  
**Report No.:** \_\_\_\_\_

**INCIDENT DESCRIPTION\***  
**4. Briefly Describe What Happened**  
 \_\_\_\_\_

**WITNESSES\***  
 Provide Full Name, Address & Phone # of Each Witness  
**5. Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIPTION OF INJURY\***  
**6. Injury - Describe the Type, Severity, Body Part Involved**  
 \_\_\_\_\_  
**6a. Was Medical Treatment Given?**  
 \_\_\_\_\_  
**6b. Name of Medical Facility/Doctor** \_\_\_\_\_ **Transported by:** \_\_\_\_\_

**PROPERTY DAMAGE**  
**7. Owner's Name** \_\_\_\_\_  
**7a. Describe the property and the damage:** \_\_\_\_\_  
**7b. Estimated Repair/Replacement cost:** \_\_\_\_\_  
**7c. Driver's Lic. #** \_\_\_\_\_

**INSRUANCE ON THE DAMAGED PROPERTY**  
**8. Insurance Questions:**  
**a.** Do you have insurance on the damaged property? \_\_\_\_\_  
 (If yes, provide insurance company information and attach copy of statement of applicable coverage for the damaged property.)  
 \_\_\_\_\_

\*Additional Space on Back **I certify that the above information is correct to the best of my knowledge.**

**Signature of Claimant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Supervisor reporting accident:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Chief Financial Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL SIGNATURES ARE REQUIRED TO COMPLETE AND PROCESS FORM.**

B. Continued: Description of specific activity at the time of accident

C. Continued: Extra Witnesses

Name:

Address:

Phone #:

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E. Continued:

Date of previous injury/condition

Treatment Provider(s)

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