

SECTION: Human Resources

NUMBER: A-001-04-0011

AREA: Benefits

DATE: 9/1/10

SUBJECT: Workers Compensation

REVIEWED: 12/14/2022

I. PURPOSE

Workers compensation insurance is a state required insurance which provides medical benefits and, if necessary, wage compensation and rehabilitation to employees injured on the job.

II. POLICY

A. Rocky Mountain College is required by the State of Montana to carry Workers Compensation Insurance on all employees.

B. Job related injuries are compensated for by the insurance, and employees are then precluded from suing the College for injuries.

C. Reports of accidents are required by our insurance carrier as well as payroll reports indicating who is covered.

D. Any accident must be reported on the Accident Report Form, available in the Human Resource Department, as soon as possible after the accident but no more than three (3) working days immediately following the accident regardless of whether the employee or employer believes the injury to be compensable. Employees must complete the accident report as soon as possible but no later than thirty (30) days of the occurrence and submit a claim for compensation within **thirty (30) days also** of the accident. This should be done for all injuries in order to protect the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition. The employee has one (1) year to report an occupational disease to the employer or insurer.

E. Any employee that remains off work after five (5) business days due to a workers' compensation claim will automatically be placed on FMLA leave until the employee returns to work or the FMLA leave expires.

F. Benefits

Specific benefits are available through the Human Resource Department.

G. Return to work

When an employee is injured, every attempt is made to bring that person back to work as soon as medically appropriate to do so.

III. REVIEW AND RESPONSIBILITIES

Responsible Parties: Human Resource Department

Review: As deemed as appropriate

IV. APPROVAL

Approved: _____ Date: _____
President

Approved: _____ Date: _____
Chair / Board of Trustees