

JEFFERSON COUNTY, ALABAMA
APPLICATION FOR INJURY WITH PAY LEAVE (IWP)
FOR INJURY RECEIVED IN THE LINE OF DUTY
Employee Application

FROM: _____
Employee

TO: _____
Department Head _____ Date _____

I. Applicant Information

In compliance with Jefferson County Personnel Board Rule 13.12 (revised 4/05),
I hereby apply for leave with pay for _____ days, from _____, 20____,
To _____, 20____ due to injuries received in the line of duty as follows:
(Give details below as to how accident occurred and the extent of injury, and attach
certificate of attending physician.)

Date of Injury: _____, 20____ Time: _____ M Place: _____

Description of the on-the-job injury, include body part injured: _____

Employee was sent to _____

Name(s) and Address(es) of persons witnessing accident:

I hereby waive any claim against The General Retirement Systems for Employees of Jefferson County, of which I am a member, and to which the County contributes, for disability pension benefits for the period during which IWP is allowed under this application. I further certify that the foregoing information is true and accurate in every respect. I understand and acknowledge that I may be subject to disciplinary action pursuant to Jefferson County Personnel Board Rules for giving a false, incomplete or misleading statement in regards to this IWP application.

Work Center/Department Number

Signature of Applicant

II. Review by Line Supervisor

An investigation into the circumstances of the injury reported by the employee as referenced above has been completed. The following findings are submitted herewith:

Yes No

1. Did the injury described above occur while the person was on the job?
2. Was the employee carrying out assigned duties at the time the injury described above occurred? (If no, explain:

3. Was the injury described above the result of the employee's negligence or fault or the result of intoxication, drug use, illegal or immoral conduct? (if yes, explain: _____

4. Did the injury described above result from the violation of a work or safety rule of the department? (if yes, explain:

Immediate Supervisor

Reviewing Supervisor

Date Review Completed

III. Review by Risk Management

The above referenced employee was first seen by the Occupational Health Physician on _____ . Based on all medical information available, the following findings are submitted herewith:

Yes No

1. Did the injury described above occur while the person was on the job?
2. Did the employee provide a physician's certificate describing the nature and extent of the on-the-job injury?

3. Does the physician's certificate give the period of disability and a return to work date?
4. Is the employee's IWP application supported by the medical information provided? (If no, or a lesser period warranted, explain: _____

 _____)

 Date Risk Management

IMMEDIATELY FORWARD TO DEPARTMENT HEAD WHEN COMPLETED!

IV. Review by Department Head

In accordance with Personnel Board Rule 13.12, I have reviewed the above information related to your alleged on-the-job injury which occurred on _____, 20____, and which is described in your application for Injury with Pay Benefits. It is my recommendation that the Jefferson County Commission:

- ____ Approve _____ days from _____, 20__ to _____ 20__. No further action necessary.
 ____ Disapprove your application.
 ____ Partially approve _____ days and disapprove _____ days.

 Department Head Signature Date

NOTICE OF APPEAL OF DEPARTMENT HEAD'S DECISION TO APPOINTING AUTHORITY
 (Important! If you appeal, **according to Personnel Board Rule 13.12(d), you must file within ten (10) calendar days from the date of Department Head's Decision.**)

I wish to appeal the above decision to the Appointing Authority.
 Signed: _____ Date: _____
 Printed Name: _____ Dept. _____