

Village of Ashville P.O. Box 195 200 East Station Street Ashville, OH 43103 Office: 740/983-6367 • Fax: 740/983-4703

POLICY AND PROCEDURE STATEMENT			
PAGE 1 OF 1	DATE EFFECTIVE October 1, 2018		
APPROVED BY	SUPERSEDES New		
MAYOR Frankla Chata	APPROVAL DATE	ISSUE DATE 12/31/2017	REVIEW DATE
PERSONNEL/BENEFIT COMMITTEE	DISTRIBUTION LIST WEBSITE, MAYOR, COUNCIL CLERK- TREASURER, AND VILLAGE EMPLOYEES		
	PAGE 1 OF 1 APPROVED BY MAYOR MAYOR HULAGE ADMINISTRATOR	PAGE 1 OF 1 DATE EFFE October 1, 20 APPROVED BY MAYOR	PAGE 1 OF 1 DATE EFFECTIVE OCTOBER 1, 2018   APPROVED BY SUPERSEDES NEW   MAYOR ISSUE DATE 12/31/2017   MAYOR ISSUE DATE 12/31/2017   MAYOR ISSUE DATE 12/31/2017   DISTRIBUTION LIST WEBSITE, MAYOR, COUNCIL C TREASURER, AND VILLAGE EMP

## **SCOPE**

I. This Policy applies to Ashville Personnel, Ashville Government, and Contract Staff.

## POLICY:

I. The Village of Ashville will have comply with Ohio Worker's Compensation.

## **PURPOSE:**

I. To meet all federal, state, local and administrative rules.

## PROCEDURE

- 1. State law provides that every Village employee is eligible for Worker's Compensation for injuries arising out of or in the course of his/her employment. Guidelines for administrating Worker's Compensation are set forth as follows:
  - A. Should an employee be injured during the course of employment with the Village, his/her supervisor shall notify his/her Appointing Authority or designee. A written report shall be completed by the supervisor and forwarded to the Appointing Authority no more than 48 hours after the accident even if no attention is required.
  - B. Should an employee's injury require medical attention, the supervisor shall provide the injured employee with an Incident or Injury Report form, which shall be completed by the attending physician. The completed report should be forwarded to the Appointing Authority or designee at the earliest possible date.
  - C. In the event of a serious injury, the injured employee's supervisor shall notify the Appointing Authority or designee immediately so, an investigation can be initiated.
  - D. Worker's Compensation claims forms shall be completed by the injured employee.
  - E. The Appointing Authority or designee must be advised and continually updated if an employee continues to be absent due to work-related injury. Employees are responsible for providing to their Appointing Authority or designee their expected date of return (if known).
  - F. Any document received from the injured employee, his/her physician, hospital or the State, regarding Worker's Compensation claims must be immediately forwarded to the Appointing Authority or designee.
  - G. An injured employee may elect to use accrued sick leave and vacation leave prior to receiving payments from Worker's Compensation. Employees may not receive payment from sick leave while simultaneously receiving payment from Worker's Compensation.
  - This policy does not apply to Independent Contractors (1099) or Volunteers.

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