

GAOE

Workers Compensation

The district will participate in workers compensation as required by current statute. The combined workers compensation benefits and salary received under allowed paid leave shall not exceed one full day's pay.

All employees of the district shall be covered by workers compensation. Workers compensation coverage is provided for all employees regardless of assignment, length of assignment, and/or hours worked per day. Benefits are for personal injury from accident or industrial diseases arising out of and in the course of employment in the district.

An injured employee must notify the designated employer's workers compensation coordinator or, if the coordinator is unavailable, his or her supervisor, either orally or in writing within 30 days of the accidental injury or repetitive trauma in order to be eligible for benefits. If the individual no longer works for the district, the former employee has 20 calendar days after the individual's last day of employment with the district to report an injury suffered during a work-related accident or repetitive trauma.

The workers compensation plan will provide coverage for medical expenses and wages to the extent required by statute to those employees who qualify; however, the amount of workers compensation benefits and paid leave benefits shall not exceed a regular daily rate of pay. An employee using paid leave in combination with workers compensation will be charged for one full or partial day of paid leave, as provided for in the applicable leave policy or the negotiated agreement, for each day of absence until the employee's paid leave is exhausted.

Any employee who is off work and receiving workers compensation benefits shall be required to provide the designated workers compensation coordinator with a written doctor's release before the employee is allowed to return to work. In addition, should the employee be released to return to work by a doctor and fail to do so, all benefits under paid leave shall terminate, and those benefits under workers compensation shall be restricted as provided by current statute.

Whenever an employee is absent from work and is receiving workers compensation benefits due to a work related injury or is receiving district paid disability insurance, the employee may use available paid leave to supplement the workers compensation or district paid disability insurance payments. Workers compensation benefits and FMLA benefits provided in a board approved plan shall run concurrently if both are applicable.

In no event shall the employee be entitled to a combination of workers compensation benefits, district paid disability insurance, and salary in excess of his/her full salary. Available paid leave may be used for this purpose until:

- available paid leave benefits are exhausted;
- the employee returns to work;
- the employee is released by the medical provider and a position is offered by the employer, but the employee declines to return to work; or
- employment is terminated. Paid leave shall be calculated on a pro rata amount equal to the percentage of salary paid by the district.

Testing

The board, through its designated workers compensation coordinator, may require employees who claim or are involved in an accident in the course of employment to submit to a post-injury chemical test. This includes

instances where the district administration or workers compensation coordinator has actual knowledge of an accident whether the employee has or has not requested medical treatment. If an employee refuses to submit to an employer requested post-injury chemical test, the employee forfeits all related workers compensation benefits as provided in K.S.A. 44-501(b)(1)(E). Testing and the procedures used therefore shall conform to all relevant Kansas statutes.

Choice of Physician

The board shall have the right to choose a designated health care provider to provide medical assistance to any employee who suffers an injury while performing their job. However, if the injured employee chooses to go to a medical provider other than the designated provider, the recovery for such expenses shall be limited to \$800.00.

Policy References: [KFD](#)

Adoption Date: 06/22/2009, Revised: 04/13/2015; 08/10/2015; 07/08/2019; 09/09/2024