



"Real Savings,  
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## Safety and Accidents

### For any life or limb threatening injury, or injury that poses an immediate threat to the employee's health

- Call 911 immediately and have an ambulance transport the employee to the nearest healthcare facility.

### For all other injuries in the San Diego area

- Call **Dr. Russell P. Dunnun** at (858) 457-4717. He can be reached 24 hours a day, 7 days a week at this number (during non-business hours, Dr. Dunnun may be paged at this number).

### For all other areas

- Locate a hospital or clinic at [www.payrolling.com/Accidents](http://www.payrolling.com/Accidents) and select "Find Hospital or Clinic". You may also request a facilities listing flyer at any time in advance at [benefits@payrolling.com](mailto:benefits@payrolling.com).
- Please send the physician's form (included in this binder) along with the employee to the medical provider and fax it to Payrolling.com at [858.866.2601](tel:858.866.2601).

### Report all injuries as soon as possible

- Contact **Payrolling.com** at [858.866-2600](tel:858.866-2600) or [800.691.3075](tel:800.691.3075).

### Fill out an Accident Report Form

- Make sure the form is completed as much as possible and fax it to our office at [858.866.2601](tel:858.866.2601). This form is due within 24 hours of the accident. Please complete this form for any accident, even if it is minor and the employee does not require treatment.

### Payrolling.com is committed to returning injured employees to work as soon as possible

- Once all the information is gathered we will work with you, the doctor and the employee to find a solution. This process is outlined in the Early Return to Work Program in the back of this binder.
- All physicians release to partial or full duty must be faxed to Payrolling.com at 858-866-2601 prior to the employee returning to work.

**Note: PAYROLLING.COM encourages ALL of our employees to report hazardous or potentially hazardous situations at the client company. Our Illness and Injury Prevention Program contains complete details.**



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## Accident Form

Please have a supervisor or manager fill out this form as completely as possible when a Payrolling.com employee has an injury on the job. **Then fax to Payrolling.com at: 858.866.2600.**

Employee's Full Name:	Date of Accident:
Client Company:	Employee's SSN:

### Employee Demographic and Wage Information

Address, City, State, Zip, and Phone Number	
Date of Birth (or age)	Gender
Regular occupation and department (be specific)	
Was employee injured while on the job?	
What language does the employee speak?	
Number of dependents (excluding the employee?) How many are under 18 years of age?	
Is employee a partner, owner or officer of the company?	
Employment status (job end date if employee is temporary or seasonal)	
Does the employee have group health? If yes, give name of group health provider	
Number of hours worked per day? Number of days per week?	
Wage information (hourly, daily, weekly, or monthly)	
Additional Wages (bonus, tips, commission, room and/or board)	

### Accident/Incident Information

Time of accident
Date and time reported to employer
Reported to whom
Employee's Supervisor
Shift begin and end times
Address where accident/incident occurred (street, city, state, zip, country). Is this the employer's premises?



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Full description of the accident/incident (include what employee was doing, work process, cause, injury & body part)
Is the accident/incident questionable to the employer? If yes, explain
Was the employee permanently disabled as a result of the accident/incident?
Were there any signs of drug and/or alcohol use at time of accident/incident?
Number of day's employee is expected to miss?
Date of death, if accident resulted in a fatality
Last date worked and time employee left work
Was the employee's salary continued?
Has the employee returned to work and if so, as of what date? If no, is there an expected return to work date?
Does the employee have a previous claim? If yes, status (open/closed), body part affected and date of loss
Date employee was given claim form ( <b>California only</b> )

### Accident Investigation Information

Was any safety equipment provided? If yes, was it used?
Was unsafe act being performed? If yes, describe
Is there an active safety committee?
Was a machine part involved? If yes, describe
Was the machine part defective? If yes, in what way?
Was a 3 <sup>rd</sup> party responsible for the accident/incident? If yes, please include name, address, and phone number
Was the accident/incident witnessed? If yes, name, address, and phone number
Name of person to contact regarding additional loss information (including address & Phone)
Where was the employee taken and how was he/she transported?

Please fax this completed form to Payrolling.com at: 858.866.2601



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## Early Return to Work Program

### Policy

**Payrolling.com** is committed to returning injured employees to modified or alternative work as soon after an injury as possible. Temporarily modifying the employee's job or providing the employee with an alternative position will do this. The employee's medical condition along with any limitations or restrictions given by the attending physician will be considered a priority when identifying the modified/alternative position.

### Purpose

This program is intended to provide our employees with an opportunity to continue as valuable members of our team while recovering from a work related injury. We want to minimize any adverse effects of an ongoing disability on our employees. This program is intended to promote speedy recoveries, while keeping the employees' work patterns and income consistent. At the same time, we benefit from having our employees contribute to the overall productivity of our business.

### Scope

This program applies to ALL employees of **Payrolling.com**.

### Responsibilities

Administration of all injuries and throughout duration of the disability will be handled by the **Risk Manager**.

The **Risk Manager** will act as a liaison between **Payrolling.com**, the client company, the injured worker, the attending physician and State Fund.

The **Risk Manager** in coordination with the client's Human Resource contact will make sure the appropriate paperwork and forms have been properly handled and submitted to the appropriate parties.

**Payrolling.com** will make every attempt to find a modified position on the job site where the employee is currently working. However, if the client job site is unable to find a modified position, the **Risk Manager** on behalf of **Payrolling.com**, will work in coordination with other clients and job sites in order to find a position that fits the employee and their proposed modified duty.

### All Client Supervisors/ Managers

In the event of an injury, the supervisor/manager will make sure that our employee receives first aid, or if necessary, proper medical treatment at our selected medical clinic. After the employee's immediate needs have been taken care of, the supervisor/manager will notify the Risk Manager a Payrolling.com employee has been injured and where the employee has been sent for medical treatment. The attending physician shall be notified by **Payrolling.com** on the first visit that **Payrolling.com** has a return to work program and that modified or an alternative option work will be provided.



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The supervisor/manager will work closely with the **Risk Manager** to coordinate the return to work efforts and will be responsible for introducing the employee back into the work place in the modified/alternative position. Supervisor/manager will make sure that the injured employee receives necessary assistance from co-workers and that the employee does NOT work outside of his/her restrictions. Monitoring for transition into full duty work will be the supervisors/managers responsibility.

**Client Supervisor:** will monitor the modified/alternative work and gather any additional information that may be needed to properly handle the Early Return to Work.

### Employees

If an injury occurs on the job, the employee is required to report it to their supervisor/manager immediately. If the injury requires more attention than first aid, the employee must proceed to our selected provider for occupational injury, (**Russell P. Dunnun, M.D., A.P.C. or an Approved State Fund Provider**). Together with the physician, the employee's physical restrictions and limitations shall be discussed. All employees are expected to return to the worksite the very SAME day to report the physician's findings and to discuss modified or alternative work. This will enable all parties to be kept abreast of the employee's condition. Employees that have an injury shall report to the worksite after each visit to discuss his/her recovery.

Once an employee has returned to work, it is his/her responsibility to work within the physical limitations that the physician has given. The employee shall perform only those duties that are assigned to him/her. An employee shall immediately notify his/her supervisor as well as Payrolling.com of any difficulty in performing the duties. The employee must also notify his/her supervisor in advance of any medical appointments. Time off will be allowed for industrial appointments. The employee shall keep his/her supervisor/manager and Payrolling.com informed of the recovery process and the ability to perform modified/alternative work.

### Payrolling.com, Clients and Employees

If anyone involved in the Early Return to Work process has a question, they should take the time to get an answer. Unasked questions can lead to confusion. **Payrolling.com** is committed to promoting in the best possible way a full recovery for any of our industrially injured employees. **Payrolling.com**, along with State Compensation Insurance Fund is available to answer any question that may arise.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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# Physician's Report Form

Take this form to the doctor. He/She will fill out the bottom portion. You must fax this form to Payrolling.com at: 858.866.2601

Medical Treatment is authorized with:

\_\_\_\_\_  
*Medical Provider*

Name of Injured: \_\_\_\_\_

Other: \_\_\_\_\_

Date injury: \_\_\_\_\_

Brief description of accident:

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*

### Physician's Report

May return to work duties now without restriction.

May work 4 6 8 Hours per shift (circle one)

May return to work with the following restrictions.

**May Not**

- Lift/push/pull/carry more than 10 20 30 50 Pounds frequently or repetitively.
- Lift/push/pull/carry more than 10 20 30 50 Pounds at any time.
- Prolonged bending or stooping.
- Prolonged walking or standing.
- Prolonged or repetitive climbing, kneeling or squatting.
- Climb ladders or work at heights.
- Operate vehicles or moving equipment.
- Sit more than \_\_\_\_\_ hours / minutes.
- Protect the injured area from dirt and moisture.

Limited use of: Right left Hand Leg Arm Foot

Other restrictions: \_\_\_\_\_

These restrictions should be observed until: \_\_\_\_\_

May not return to work until: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Follow-up appointment required: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Name (Please Print)*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*