

# Michigan Educational Transportation Services



1240 Grand River Ave, Ste. B2 • Portland, MI 48875 • 517-647-7765 • Fax: 517-647-7572

## **METS WORKERS COMPENSATION PROCEDURE**

When a METS employee is injured while on assignment, it's important that the following process be carefully followed to ensure the employee receives immediate care when medically necessary and any/all follow up treatment is managed in a timely manner.

### **PLEASE DO NOT KEEP BLANK FORMS ON FILE FOR FUTURE USE!**

- ❖ In the event of injury, please always first refer to [www.contractbusdrivers.com](http://www.contractbusdrivers.com). Click on **District Resources**. Click on **Accident/Injury**. Please don't keep copies of our Injury Report on file, but always refer to our website in order to order to ensure that you have the most up to date version of our forms.
- ❖ All injuries for METS employees must be reported to us by utilizing the **METS Injury Report** within 24 hours (or the next school day) following the injury. This includes minor injuries that do not require medical treatment (example: small cuts, bruises, sprains, etc.)
- ❖ If an incident is minor or does not require medical treatment, the **METS Injury Report** should be completed at the time of incident and faxed directly to our Workers Compensation Representative at 517-647-7765.
- ❖ If an injury requires immediate medical attention, Please call 517-647-7765 or our emergency line at 517-743-1639 to report and obtain an **Authorization for Treatment Form**. This form will be faxed or e-mailed immediately so that it may accompany the employee to the treatment facility. In cases of a true emergency or life threatening injury, when notified, METS will call the treatment facility to give verbal authorization. Our employee must be sent to the nearest METS approved facility or emergency room in case of true emergency. The **Injury Report** should be completed as soon as possible, typically no later than 24 hours following injury.
- ❖ We expect our employees to communicate directly with you regarding restrictions, time off work, release to full duty, etc. It's important that our employees communicate with METS as well. Please, when necessary, remind them of this. Fax any documentation you receive to 517-647-7572 or scan and e-mail to [hrdept@contractbusdrivers.com](mailto:hrdept@contractbusdrivers.com).
- ❖ METS employees are required to attend all scheduled appointments related to the treatment of their injuries. On days that the employee is scheduled to work, they are expected to schedule their appointment around their work schedule.

***Questions? Call the METS Workers' Compensation Representative at 517-647-7765***



# METS Employee Injury Report

Please Fax to 517-647-7572 or scan and e-mail to [hrdept@contractbusdrivers.com](mailto:hrdept@contractbusdrivers.com)

Please print clearly and complete all sections of the Injury Report.

Employee Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Home Street Address Apt#/PO Box City State Zip

Cell Phone (include area code) Secondary Phone (include area code)

E-Mail Address: \_\_\_\_\_

Position Working: \_\_\_\_\_ School or Location: \_\_\_\_\_

On Site Supervisor Name, if applicable: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m. p.m. Date Reported: \_\_\_\_\_

Worker's Shift: (from) \_\_\_\_\_ a.m. p.m. to \_\_\_\_\_ a.m. p.m.

Location Where Incident Occurred: \_\_\_\_\_

Address Where Incident Occurred City State Zip

What was employee doing when accident occurred? (Be specific) \_\_\_\_\_

Was there an unsafe condition that contributed to the injury? yes no If yes, please specify conditions:

Nature of Injury (strain, cut, bruise, ect.):

