



*"Forward Thinking Transportation Solutions"*

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www.ContractBusDrivers.com

#### **EMPLOYEE REPORTING PROCEDURE**

In the event of any work-related injury or illness the employee shall:

- Notify the On-Site Supervisor as soon as possible.
- Notify the METS Corporate Office at 517-647-7765.
- Complete and submit the METS Incident/Injury Report Form. This form may be obtained on the METS web site at [www.contractbusdrivers.com](http://www.contractbusdrivers.com) or by requesting it from the METS Corporate Office. Upon completion, the form shall be submitted to the METS Corporate Office via mail to METS, P.O. Box 516, Portland, MI 48875; e-mail to [METSHR@ContractBusDrivers.com](mailto:METSHR@ContractBusDrivers.com); or fax to 517-647-7572.
- Respond to all communications from the METS Corporate Office and/or METS Insurance Providers in a timely manner.
- Provide any additional information to the METS Corporate Office and/or METS Insurance Providers to allow for investigation or processing of the claim.
- Employees are required to attend all scheduled appointments related to the treatment of their injuries. On days that you are scheduled to work, you are expected to schedule your appointments around your work schedule whenever possible.