



Industrial Accident Leave

Empl ID: Name (Last, First): _____ Location No.: _____

CERTIFICATED
 CLASSIFIED
 FOOD SERVICE

ABSENCE DATES:

FROM DATE

MM - DD - YY

TO DATE

MM - DD - YY

of Days

Hours/Day*

*8 hours/day = Full-time assignment

Timekeeper: See below for Time Reporting Code Information

DATE OF ACCIDENT:
MM - DD - YY

DESCRIBE ACCIDENT/ILLNESS:

I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE

EMPLOYEE'S SIGNATURE DATE

APPROVAL SIGNATURE DATE

TIMEKEEPER SIGNATURE DATE ENTERED IN TIME & LABOR

PHYSICIAN'S CERTIFICATION: REQUIRED FOR ALL ABSENCES

EXAMINATION DATE:

MEDICAL FINDINGS:

I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE STATED PERIOD

PHYSICIAN'S SIGNATURE CALIFORNIA LICENSE NUMBER

An employee who is injured on the job must report that injury to his/her principal or department immediately. The administrator must prepare "Employer's Report of Industrial Injury" within 24 hours. Refer to procedure no. 5170 and 7131. Timekeepers: Report all time taken for Industrial Accident (as authorized on this card) with the IA Time Reporting Code at all times. **NOTE:** Illness or accident **not** occurring as a direct result of the employee's school district employment should be reported on the Sick/Personal Business/Personal Necessity Leave form.

Industrial Accident	IA
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The Worker's Comp specialist will monitor all time reported as IA and change it accordingly to reduce from the proper leave bank as claim statuses are verified.

Upon reviewing adjusted time in Time and Labor, the timekeeper will see the various TRCs below as the specialist changes them from IA to the correct leave bank adjustment code. The site timekeeper should **NOT** use these codes for time reporting.

Industrial Accident Sick Leave	IASLF
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Industrial Accident Half Sick	IASLH
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Industrial Accident Vacation	IAVAC
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Keep the leave forms and attached physician documentation at the site with your other timekeeping records.