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Procedure for: All Campuses
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I. Policy

This document sets forth the University of South Carolina policy on Workers' Compensation, pursuant to regulations of the State Accident Fund, Workers' Compensation Commission, and the South Carolina Office of Human Resources.

A. Policy Statements

- 1.. Workers' Compensation benefits are available to employees of the University for injuries or an occupational illness sustained within the course and scope of employment. All claims are reviewed by the State Accident Fund and a determination made to accept or deny a claim.
2. The State Accident Fund must consider a claim compensable and accept liability

before an employee may receive Workers' Compensation benefits.

3. All periods of disability, including those which are work related, are subject to the requirements set forth in the disability leave portion of the Sick Leave policy.

II. Procedure

A. Treatment for Job-Connected Injuries

1. During regular work hours, the Thomson Student Health Center on the Columbia campus will render prompt medical treatment to any employee injured while working. For Columbia campus employees and employee visitors to the Columbia campus, the injury must be treated at the Thomson Student Health Center unless medical necessity or other relevant circumstances require the injury to be treated elsewhere. Employees on regional and four-year campuses should be treated by the designated medical facility as directed by the Campus Human Resources Officer (A list of these facilities is available on the Benefits website at: https://www.sc.edu/about/offices_and_divisions/human_resources/docs/wc_med_facilities.pdf). Employees of the School of Medicine should be treated at the USC Family Practice Center/Palmetto Health Richland located at 3209 Colonial Drive.
2. At the time of treatment, the employee or the employee's representative must inform the treating physician that the injury or illness is work related and complete an [Employee Injury Report \[pdf\]](#).
3. For care after hours, the treating physician should complete [a Physician's Report](#) and all statements and reports should be sent to the Benefits Office, located at 1600 Hampton Street, Suite 801, Columbia, S.C. 29208.
4. If the employee must miss work due to the injury, the employee must complete a Workers' Compensation Benefits Election form, located at the bottom of the Employee Injury Report, stating whether to use annual leave and/or sick leave, or receive Workers' Compensation. All records of such treatment are subject to review by the Division of Human Resources and, upon written consent of the employee or the employee's representative, are subject to release to the State Accident Fund and the State Workers' Compensation Commission.

B. Notification of Injury or Illness

Employee and Department Responsibility

1. The employee or the employee's representative is responsible for notifying the supervisor and contacting the Division of Human Resources Workers'

Compensation Coordinator at 803-777-6650. The employee's supervisor will need to submit the completed Employee Injury Report (which the employee completes) along with a [Supervisors Report \[pdf\]](#) to the Benefits Office.

2. Failure of an injured employee to notify the authorized supervisor within 90 days after an accident may deprive the injured employee of his rights to benefits. The statute of limitations for filing a claim is two years after the accident.
3. The Benefits Office must report this injury to the Workers' Compensation Commission within 10 days.

C. Time Lost From Work

1. If the treating physician certifies on the Workers' Compensation Physician's Report, Form HR-81A, that the seriousness of the injury dictates time lost from work, the employee must provide such certification to the department chair or authorized supervisor. (See Sick Leave policy for further information on disability leave)
2. Upon notification by the State Accident Fund that the claim has been approved an employee who loses time from work must complete the Workers' Compensation Benefits Election Portion on the Employee Injury Report (HR-81B).
3. The employee must make written election to receive compensation under one of the methods listed below. Regardless of which method of disability compensation an employee elects, the employee may be eligible for payment of medical costs and for permanent impairment or disfigurement, if any, if approved by the State Accident Fund. Leave under this section may qualify as FMLA leave, and if so, will run concurrently. Once payment has begun, the election is irrevocable for each individual incident. Options available to employees are:
 - a. Option 1: To be placed on paid leave status using accrued sick leave, annual leave, or compensatory leave. If such leave credits are exhausted before the employee is able to return to work, the employee may be entitled to Workers' Compensation disability benefits at 66 2/3 percent of the employee's gross weekly pay. If the employee is out more than 10 days, the employee must submit an Application for Disability Leave (form P-75) and an Application for Leave (form P-83).
 - b. Option 2: To use Workers' Compensation benefits awarded in accordance with Title 42 of the South Carolina Code of Laws. The employee would receive the disability benefits equal to 66 and 2/3 percent of the

employee's gross weekly pay, not to exceed the established maximum rate. If this election is selected the following forms Application for Disability Leave (form P-75) Application for Leave (form P-83) and Notice of Separation and Going/Return from LWOP (form PBP-7) must be submitted. The employee will be responsible for maintaining his/her portion of retirement and insurance benefits by paying them directly to the University. If the State Accident Fund denies liability, the employee will be eligible to use accrued earned sick, annual, or compensatory leave subject to University policies.

- c. Option 3: To receive sick and/or annual leave on a pro-rata basis in conjunction with Workers' Compensation according to the formula approved by the State Budget and Control Board. If the employee is out more than 10 days, an Application for Disability Leave (form P-75) and an Application for Leave (form P-83) must be submitted.

D. Performance of Duties While Injured

1. If the treating physician certifies that an injured employee is unable to perform regular duties but may return to work with restricted job duties, the employee may be assigned temporarily to a position within the work unit suitable to the employee's capabilities, provided such temporary restricted duty assignment is available and that it is agreeable to both the employee's department chair and the treating physician.
2. An employee who refuses to accept a reasonable temporary restricted duty assignment may be placed on authorized leave without pay, and the State Accident Fund may refuse to pay compensation for lost time during the absence.
3. If no reasonable temporary restricted duty assignment is available, the employee may be required to remain off work until released by the treating physician to return to full unrestricted duties.
4. An injured employee may not return to work without a signed physician's return to work certificate.

E. Computation of Benefits

1. Workers' Compensation benefits for lost time will not be paid for the first seven calendar days unless the work-related illness or injury results in time lost greater than 14 calendar days. For claims in which the disability is more than seven days but less than 14 calendar days, compensation will be paid for each day over seven

days. For claims in which the disability lasts longer than 14 calendar days, Worker's Compensation benefits will be paid from the first day of disability.

2. Compensation benefits are subject to the maximum allowable under the Workers' Compensation Law.

III. Related Policies

HR 1.06 Sick Leave

HR 1.05 Annual Leave

HR 1.12 Leave Without Pay

IV. Reason for Revision

This policy revision updates the disclaimer and clarifies procedures.