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PURPOSE

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 Division of State Human Resources.

DEFINITIONS

**Family and Medical Leave Act (FMLA)** - Federal law requiring employers to provide eligible employees with job-protected and unpaid leave for qualified medical and family reasons.

**State Accident Fund** - The South Carolina State Accident Fund provides workers' compensation insurance coverage for public employees.

**Medical Case Management Provider** - Coordinates and actively supervises an injured employee’s care by identifying the appropriate providers and facilities and ensuring that high-quality care is delivered in a timely and cost-effective manner.

**Policy Statement**

Workers’ Compensation benefits are available to all employees of the university for injuries or an occupational illness sustained within the course and scope of employment.
The State Accident Fund reviews all claims and determines if a claim is compensable before an employee may receive Workers’ Compensation benefits. An injured employee may be eligible for payment of medical costs and for permanent impairment or disfigurement, if any, if approved by the State Accident Fund.

All periods of disability, including those which are work related, are subject to the requirements set forth in university policy HR 1.06 Sick Leave.

**PROCEDURES**

**Employee and Supervisor Notification Responsibility**

A. An employee who has incurred a work-related injury or illness must report their injury or illness to their supervisor immediately.

   Failure of an injured employee to notify the authorized supervisor within 90 days after an accident may deprive the injured employee of their rights to benefits. The statute of limitations for filing a claim is two years after the accident.

B. The employee, along with their supervisor will report the injury immediately to the Medical Case Management Provider (available 24 hours a day/7 days a week). If a supervisor is not available, the injured employee, along with a Human Resources representative should report the injury to the Medical Case Management Provider. The Medical Case Management Provider will direct the employee where to seek medical treatment if needed. In the case of a life-threatening injury or illness, 9-1-1 should be contacted.

C. The employee must complete an Employee Injury Report (Form 81-B) as soon as possible after a work-related injury or illness has occurred. This form must be sent to the Medical Case Management Provider and to the Division of Human Resources.

D. The employee’s supervisor must complete the Supervisor Report of Injury. This form must be sent to the Medical Case Management Provider and to the Division of Human Resources.

**Time Lost From Work**

A. If an employee must miss time from work due to a work-related injury or illness, the employee must select a Workers' Compensation Benefits election in accordance with Section 8-11-145 of the South Carolina Code of Laws, which is located at the bottom of the Employee Injury Report (Form 81-B).

B. Once an employee as elected an option, the election is irrevocable for each individual incident.
C. There are three (3) Workers Compensation Benefit Election Options that may be available for employees, depending on their eligibility.

**Option 1**
An employee in a leave eligible position is eligible to select Option 1.

If an employee selects Option 1, the employee will use their remaining accrued sick, annual and/or compensatory leave in order to continue to receive a full salary. The employee will continue to accrue leave as long as they remain in a paid status for at least one-half of the working month.

If the employee exhausts all of their remaining leave prior to the release of their treating physician, the employee will be placed in a leave without pay status. At this time, if the employee has been out of work for at least seven consecutive calendar days, the employee may be eligible to receive a weekly workers’ compensation benefit from The State Accident Fund.

**Option 2**
An employee that is in a leave eligible position, a student paid by the university, a student nurse, a student teacher, or other professional and internship students (such as medical students and social work interns) are eligible to select Option 2.

If an employee selects option 2, the employee will be placed in a leave without pay status with the university and only receive a weekly workers’ compensation benefit from The State Accident Fund. The weekly workers compensation benefit payment would not begin until the employee has been out of work for seven consecutive calendar days. If the employee is out of work for fifteen consecutive calendar days, they will receive weekly workers’ compensation payments retroactive to the first date of lost time away from work as a result of a work-related injury or illness.

**Option 3**
An employee in a leave eligible position is eligible to select Option 3.

If an employee selects Option 3, the employee will use a pro-rated portion of their remaining accrued sick, annual and/or compensatory leave. Additionally, the employee would receive a weekly workers’ compensation benefit from The State Accident Fund. The weekly workers compensation benefit payment would not begin until the employee has been out of work for seven consecutive calendar days. If an employee is out of work for fifteen consecutive calendar days, they will receive weekly workers’ compensation payments retroactive to the first date of lost time away from work as a result of a work-related injury or illness. The combined total of pay received for accrued leave by the university and the weekly workers’ compensation benefit cannot exceed the employee’s normal wages after taxes are deducted. If the State Accident Fund denies liability, the employee will be eligible to use their accrued
sick, annual and/or compensatory leave.

D. 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.

E. Injured workers are entitled to compensation at the rate of 66 2/3% of their average weekly wage based on wages of the four quarters prior to the injury, but no more than the maximum average weekly wage determined each year by the South Carolina Department of Employment and Workforce. If the injured employee is working two or more jobs at the time of the accident, those wages may be included as part of the average weekly wage and compensation rate. The compensation rate is the same for Option 1, Option 2, and Option 3.

F. If an employee exhausts their leave and/or is placed in a leave without pay status with the university, the employee will be responsible for paying their portion of their insurance premiums, in addition to payment for other applicable deductions to the USC’s Payroll Department in order to maintain coverage. An active member of the retirement system may wish to pay their retirement contributions in order to maintain their retirement service credit with the retirement system. The State Accident Fund will not take any insurance/benefit deductions from their weekly workers compensation benefit payment.

G. If an employee is out of work for a work-related injury or illness for more than three (3) consecutive working days, an FMLA Employee Medical Certification Form (W-380-E) must be completed.

H. An employee must provide all physician’s notes (which should include work status, work restrictions, and date of following appointments) to their supervisor, the Department Human Resources Contact and to the Division of Human Resources.

I. Upon returning to work, an employee is required to provide a return-to-work statement from the treating physician.

Restricted Duty

A. If a physician releases an employee to work with restrictions, the employee is required to notify their supervisor immediately, to include providing a physician’s note indicating the work restrictions so that the department can determine if the employee’s restrictions can be accommodated.
B. 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.

C. 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.

D. 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.

E. Prior to returning to work full duty, an employee is required to provide a return-to-work statement from the treating physician, releasing the employee to full duty with no restrictions.

Records

All records of work-related injuries or illness, to include 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

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

South Carolina Code of Laws Title 42, Workers’ Compensation
South Carolina Code of Laws Section 8-11-145
HR 1.06 Sick Leave
HR 1.05 Annual Leave
HR 1.12 Leave Without Pay

HISTORY OF REVISIONS

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<th>DATE OF REVISION</th>
<th>REASON FOR REVISION</th>
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<tr>
<td>June 15, 2021</td>
<td>Updated to new format and to revise procedures to include role of the university’s Case Management Provider.</td>
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