

RESOLUTION NO. 2020-73
(8/20/2020)

RESOLUTION AUTHORIZING THE WORKERS COMPENSATION POLICY

WHEREAS, the Village of Caledonia is reviewing Personnel Manual policies to ensure consistency and legal compliance; and

WHEREAS, the current Workers Compensation Policy needs to be updated to ensure legal compliance and consistency for all employees within the Village as this language matches the Police and Fire collective bargaining agreement language; and

WHEREAS, the Village has drafted a Workers Compensation Policy to replace the current Workers Compensation Policy in the Personnel Manual and is attached hereto as **Exhibit A**;

WHEREAS, the Personnel Committee of the Caledonia Village Board has reviewed the new Workers Compensation Policy, recommends adopting the new Policy;

NOW, THEREFORE, BE IT RESOLVED by the Caledonia Village Board the new Workers Compensation Policy as of August 25, 2020 replaces the current Workers Compensation Policy.

Adopted by the Village Board of the Village of Caledonia, Racine County, Wisconsin, this 24th day of August, 2020.

VILLAGE OF CALEDONIA

By: _____

James R. Dobbs
Village President

Attest: _____

Karie Pope
Village Clerk

37. WORKERS COMPENSATION

The following procedures for reporting employee injuries or illnesses will be followed by all Village of Caledonia employees, including full-time, part-time, temporary, and seasonal. Failure to appropriately report injuries or illnesses as outlined in this policy may result in disciplinary action up to and including termination, according to the Village of Caledonia Personnel Manual.

Any employee who sustains a bodily injury or illness as a result of their employment is to report it to their immediate supervisor as soon as possible, but no later than within 24-hours of the incident, injury, or onset of symptoms. The employee will be responsible to report the incident, injury, or illness by completing and signing an *Employee Injury or Illness Report Form* in its entirety and returning it within 24 hours to your Supervisor.

Supervisors are responsible for completing and signing the corresponding Supervisor Investigation of Injury or Illness section for each *Employee Injury or Illness Report Form*. Both the Employee Injury or Illness Report Form and the Supervisor Investigation Form as well as any photos or witness statements shall be forwarded to Human Resources within 24 hours so the required WKC-12 form can be generated and sent to the Village's Workers Compensation Insurance carrier or administrator.

All employees who sustain an injury while performing within the scope of their employment as provided by Chapter 102 of the Wisconsin Statutes (Worker's Compensation Act) shall receive full salary in lieu of worker's compensation payments for the period of time the employee is temporarily totally or temporarily partially disabled because of said injury or for nine (9) months, whichever is shorter, provided the employee fully cooperates with the Village's temporary modified duty assignments program, which shall govern the employee's work schedule while on temporary modified duty assignment.

When the Village shall have made any such payment and the employee makes claim for damages against any third party or his insurer, the Village shall be entitled to recover from any damages recovered by such employee, reimbursement for such wages paid in the same proportion as provided by Section 102.59, Wisconsin Statutes, for Worker's Compensation payments.

The employee shall remit to the Village his or her worker's compensation check and receive his or her regular check unless the check is made payable to the Village by the insurer.

An employee sustaining a compensable injury resulting in permanent total disability shall continue to receive full salary until a determination is made that the injury is a permanently disabling injury and a ruling is made in accordance with the Wisconsin Worker's Compensation Act or for nine (9) months, whichever is shorter, provided the employee fully cooperates with the Village's temporary modified duty assignments program, which shall govern the employee's work schedule while on temporary modified duty assignment.

Upon written application by a disabled employee to extend the period of full payment under this Article, the Village Administrator shall review the case and may determine whether or not to extend the period of full payment under these paragraphs, and may determine the terms and conditions upon which any such extension shall be granted.

Revised: 8/4/20
Effective: August 25, 2020
Resolution: 2020-73