



Dear Valued Client,

We understand that having an on-the-job injury/illness can be a stressful event. Pinnacle Employee Leasing is here to make sure you have the easiest, least stressful experience possible when dealing with an on-the-job injury/illness.

Attached, please find the proper procedures in filing a Workers' Compensation claim.

Also, attached, I have included a poster pertaining to our Post-Accident/Reasonable Suspicion Program. At your earliest convenience, please post this in an appropriate, conspicuous location, viewable for all employees.

If you have any questions, please do not hesitate to contact me.

Thank you for your business!

Sincerely,

Jesse J. Corbett
Workers' Compensation Claims Coordinator
Pinnacle Employee Leasing



Steps for Reporting a Workers' Compensation

Injury/Illness

- Report injury/illness, IMMEDIATELY, to Pinnacle Employee Leasing by calling 800-245-2414. *Please Note: Any type of Motor Vehicle Accidents **MUST BE** reported to Pinnacle Employee Leasing, even if no injuries were sustained.*
- Please do not send your injured employee for medical attention without prior approval from Pinnacle Employee Leasing, unless it is a dire emergency or after hours. In that case, always use the nearest hospital emergency room or call 911. Post-Accident Drug Screening is MANDATORY for All injuries and must be administered within 24 hours of occurrence.
- Complete a Supervisor's Injury Investigation Report within 24 hours of the occurrence. Note: you will find this form, along with other forms that might apply, in this packet. Once you complete this form, and all other forms that might apply, please fax to 941-833-2075, Attn: Jesse Corbett or you can email to jessec@pinnacleel.com.
- Your injured employee has the right to refuse medical attention. If he/she does not want to seek medical attention, a Supervisor's Accident Investigation Report will still need to be completed and the Statement of Release will need to be signed. Please note: Due to the Post-Accident/Reasonable Suspicion Program, your injured employee will need to be drug screened.

Please remember that completing all forms within a timely manner eliminates potential fines from occurring, insures your injured employee gets the proper treatment needed, and helps keep rates as low as possible.

*It is important that you report
each and every incident that occurs,
no matter how minor it may seem.*



Supervisor's Injury Investigation Report

*Important- Please complete form **IN FULL** and fax within **24 HOURS** of injury to 941-833-2075.*

Employer/Client Information

Company Name: _____	Company Contact: _____
Company Phone Number: _____	Division: _____

Employee/Injured Party Information

Employee Name: _____	DOB: _____
Social Security #: _____	Daytime Phone: _____

Accident Information

Date of Accident: _____	Time of Accident: _____ AM/PM
Last Date Worked: _____	Paid in Full for Date of Accident: Yes/No
Place of Accident: _____	
Describe the work being done at the time of accident and how the accident occurred: _____	
Does the employer agree with the description of accident: Yes/No. If No, please explain: _____	
What action has been taken to prevent a similar injury (if applicable): _____	
Witnesses (please list names): _____	

Injury/Illness Information

Type of Injury (please be specific): _____
Area of Injury (please be specific, i.e. right, left, etc.): _____

Please list any pre-existing conditions that may apply: _____

Treatment Facility Information

Name of Facility: _____	Phone # of Facility _____
Address of Facility: _____	
Was Drug Screening Administered: Yes/No. If No, please state reason _____	

Did Employee Refuse Treatment: Yes/No. If Yes, please sign Statement of Release	
Was the visit authorized by Employer: Yes/No	
Will you continue to pay wages in lieu of W/C: Yes/No	

Supervisor's Signature: _____	Date: _____
Employee's Signature: _____	Date: _____

115 W. Olympia Avenue Suite 121, Punta Gorda, Florida 33950
 Phone: 941-833-2065 Fax: 941-833-2075 Website: www.pinnacleel.com



Statement of Release Form

Important- Please complete form IN FULL and fax within 24 HOURS of injury, along with Supervisor's Accident Investigation Report, to 941-833-2075.

In relation to the on-the-job injury I sustained on _____,
(Date of Accident)

I understand that it is my right to refuse treatment. Therefore, I choose not to seek medical treatment, at this time. I understand that I am required to undergo MANDATORY Post-Accident Drug Screening, once instructed by my employer, and refusing to do so could result in denial of any Workers' Compensation benefits I might be entitled to, and termination of my current employment.

Injured Employee's Signature

Date

Supervisor's Signature

Date



Post-Accident/Reasonable Suspicion Program

PEL has recognized that drug and alcohol abuse is an on the job problem as well as a social problem. We believe that abuse of alcohol and the use of illegal drugs endanger the health and safety of the abusers and of others around them. PEL has committed to creating and maintaining a Post-Accident/Reasonable Suspicion Program without jeopardizing the job security of valued, but troubled, leased employees, provided they are prepared to help us help them. Our Post-Accident/Reasonable Suspicion Program now formally states that it is a condition of acceptance as a leased employee by PEL to refrain from reporting to work or working with the presence of drugs/alcohol in hers/his body. This prohibition includes the possession, use, or sale of illegal drugs and the abuse of alcohol.

To ensure PEL is in compliance with their Post-Accident/Reasonable Suspicion Policy, a program of Drug Testing will begin on June 30, 2005. Let it be clearly understood it is a condition of acceptance as a leased employee by PEL that individuals avoid the use, possession, sale, or any association at all with illegal drugs and/or the abuse of alcohol. Leased employees found on the job to be under the influence of illegal drugs or alcohol, or who violate this policy in other ways, may be terminated.

Please understand, as a condition of your continued employment, where Reasonable Suspicion of drug and/or alcohol use exists, that PEL will require you to undergo substance abuse screening by urinalysis for drugs and blood for alcohol. In the event of an on-the-job injury, PEL will require you to undergo Post-Accident substance abuse screening, by urinalysis, for drugs and when necessary, blood for alcohol.

Refusal of these procedures can lead to disciplinary action and/or termination of employment.

It is important that we all work together to deal with substance abuse so our work environment is a safer, more rewarding place to work.

Thank you for your cooperation!

Pinnacle Employee Leasing