



SALARY CONTINUATION VERIFICATION FORM

TRACKING YOUR DOCTOR'S VISITS FOR PAYROLL PURPOSES

This form is required in order for continued salary (up to 60 working days) to be paid for time missed from work for medical appointments to treat an industrial injury. **Efforts should be made to schedule medical appointments in a manner as to avoid as much as possible, disruption to the District's operation.**

When medical appointments do occur during work hours, this form should be taken by the injured employee to the medical appointment in order to obtain the physician's signature. Note: Physical Therapy Appointments will never be paid for by the District and should be scheduled afterhours. The signed form needs to be forwarded to Sedgwick, Inc. by fax to (866) 548-2637 or by mail to P.O. Box 619079, Roseville, CA 95661 and a copy provided to the work site /Risk Management. Only if Payroll receives this completed form showing authorization by Sedgwick will adjustment from illness time to continued salary be made.

EMPLOYEE INFORMATION (Please Print)

Employee's Name	Employee No.
Date of Injury	Claim Number
School or Department Name	Cost Center (Location)

ADDITIONAL ABSENCES:

Date of Absence	Doctor	Appt. Time	Total Hours

CERTIFICATION

Under penalty of perjury the undersigned hereby acknowledges the statements made are true and factual.

Signature of injured employee _____ Date _____

Signature of physician or therapist _____ Date _____

The periods of absence shown above are hereby certified to be occasioned by authorized appointments related to an accepted, active workers' compensation claim. **NOTICE:** Making a false or fraudulent workers' compensation claim is a felony subject to a maximum of 5 years in prison or a fine of up to \$50,000 or double the value of the fraud, whichever is greater, or by both imprisonment and fine.