FLORIDA STATE UNIVERSITY - VOLUNTEER POLICY

OVERVIEW
Florida State University complies with Florida Statutes Chapter 110.501-05, by providing a receptive climate for citizen volunteers. The departmental appointing authority is responsible for development of meaningful opportunities for volunteers involved in programs administered by Florida State University. The appointing authority must complete the "Record of Volunteer Service" form prior to volunteer services being rendered. (see below for guidance)

SPECIFIC AUTHORITY
Florida Statute Chapters 110.501 and 768.28
FSU General Employment Policies
State Workers’ Compensation Guidelines
Fair Labor Standards Act 216

OBJECTIVE
To specify methods and responsibilities involved in utilizing the services of volunteers to assist in programs administered by Florida State University.

A. EMPLOYMENT OF VOLUNTEERS
The recruitment, screening, and employment of volunteer workers shall be performed in accordance with the general provisions of the University General Employment Policy.

An individual may not be a volunteer when the volunteer hours involve the same type service which the individual is employed to perform for the same agency. (An employee may not volunteer to do what they are otherwise paid for.)

If the service is required for course work at FSU, the person is considered a student and not a volunteer. Students are not covered by worker's compensation and are not required to complete the "Record of Volunteer Service" form.

"Volunteering" must meet a very specific definition (i.e. may not displace someone who would ordinarily be paid to do the same job).

After the J-1 research scholar status expires, an employee must be terminated unless the H-1B has been approved by the INS and the employee has evidence of that approval with which to successfully re-verify employment authorization for the expired I-9.

However, a J-1 researcher may stay in the U.S. legally while the change of status to H-1B is pending, even if the waiting period goes beyond the 30-day grace period after the expiration of the IAP-66.
1. Identify and record the type of duties and responsibilities of the volunteer services to be rendered.

B. UTILIZATION OF VOLUNTEERS
Each departmental appointing authority utilizing the services of volunteers shall

1. Identify and record the type of duties & responsibilities of the volunteer services to be rendered.

2. Complete the "Record of Volunteer Service" form found at the Human Resources Form Index website under the "Hiring and Compensation, Attendance, and Leave" section. These forms are required for the purpose of documenting FSU's volunteer services and serves as supporting documentation in Workers Compensation claims. The "Record of Volunteer Service" is to be maintained in the department's records for two years.

3. Take such actions as are necessary to ensure that volunteers understand their duties and responsibilities and include a discussion of safety and accident reporting procedures of Florida State University.

4. Provide for recognition of volunteers who have offered continuous and outstanding services to state administered programs.
C. CONFIDENTIALITY OF RECORDS
Volunteers who have access to documents or systems containing confidential records must be made aware of the expectation for maintaining such confidentiality. If this is applicable, they must sign a statement of confidentiality.

D. VOLUNTEER BENEFITS

1. Workers' Compensation (see Reporting Workplace Accidents here: https://hr.fsu.edu/?page=eoc/wcp/wcp_home
   a. Volunteers shall be covered by State liability protection in accordance with the provisions of Section 768.28, Florida Statutes. Volunteers should be provided a copy of the standard Workers' Compensation guidelines as found in the USPS/A&P or Faculty new employee packet. The volunteer must sign a statement of receipt that is retained in the department files.
   b. NOTE: If the service is required for course work at FSU, the person is considered a student and not a volunteer. Students are not covered by worker's compensation.
   c. Upon notification of a job-connected injury sustained by a volunteer, adhere to the reporting requirements for Workers' Compensation. (See Environmental Health and Safety Operating Procedures)

2. Meals, lodging and transportation - Reimbursement may be furnished when in accordance with all referenced Florida Statutes and approved by the respective departmental policy.

3. Mail, Internet and Campus Directory - The department with which the volunteer is associated determines appropriateness for receiving mail, inclusion in the campus directory or Internet directory in accordance with its internal policy. Volunteers may receive these services by completing an "Inclusion of Non-FSU Employee in Directory/Web" form.

   If the volunteer requires library privileges, a courtesy appointment is required and must be accomplished through the Personnel Action form or the Faculty Change Order/Termination form and appropriate signatures.

4. Volunteers may be provided with "nominal" fees from a public agency, however, the fee may not substitute for compensation and may not be tied to productivity. As a general rule, actions that create an employer-employee relationship should be avoided.
Employee Assistance Office

The Division of Workers’ Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO’s toll-free hotline at 1-800-342-1741. EAO specialists are knowledgeable about the workers’ compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm.

Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.


You may also submit specific questions relating to your claim to us at www.MyFloridaCFO.com and receive answers directly by e-mail.

Statute of Limitations

Once you are injured at work or become aware of a workers’ compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim. Failure to report your injury or illness within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

Denial of Benefits

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you’re having with your workers’ compensation claim. This help is free and available by contacting the EAO at 1-800-342-1741.

Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcc.state.fl.us/JCC/forms/. You may also submit specific questions relating to your claim to us at WCRES@MyFloridaCFO.com and receive answers by contacting the EAO at 1-800-342-1741 for free reemployment services.

Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers’ compensation claim, the fees and costs may come out of your benefits, unless your employer or workers’ compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers’ compensation claim. This help is free and available by contacting the Employee Assistance Office at 1-800-342-1741.

Anti-Fraud Reward Program

Workers’ compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers’ compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to $25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers’ compensation fraud, call 1-800-378-0445.

Disclaimer:

This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers’ Compensation be liable for direct or consequential damages resulting from the use of this printed material.
If you are injured as a result of a work-related accident, your employer’s workers’ compensation coverage may entitle you to medical and partial wage replacement benefits.

**Medical Benefits**

As soon as your employer’s workers’ compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Hospitalization
- Prostheses
- Travel expenses to and from authorized medical treatment or a pharmacy

Once you reach maximum medical improvement (MMI), you are required to pay a $10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

**Wage Replacement Benefits**

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida’s average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. *Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.*
- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.
- **Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers’ compensation law. If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.

**Injured Worker Responsibilities**

**Communicate with the Employer:**

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

**Communicate with the Carrier:**

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Notify your physician of any change of address or telephone number.
- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide a one-time change of physician within five business days of receipt of your written request.

**Carrier Responsibilities**

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers’ Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).

**Communicate with the Authorized Treating Physician:**

- Identify all body parts that are, or potentially may be, injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarify your work status during appointments before leaving the physician’s office.
- Follow your doctor’s treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician’s office if you need to see the doctor before your next appointment date. The doctor’s staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

**Injury or illness has healed to the extent that further medical treatment is not likely.**