

# Workers' Compensation



## Procedures for Submitting a Claim

# Introduction

Workers' Compensation laws are enacted to protect employees against loss of earning power due to an injury sustained at the place of employment. Workers' Compensation is insurance that provides cash benefits and/or medical care to workers who are injured or become ill as a direct result of a work related injury.

The NYC DOE Workers' Compensation Unit serves as a liaison between the insurance carrier and the employee while providing assistance to the employer to ensure that claims are submitted expeditiously and accurately.

The New York City Law Department Workers' Compensation Division determines the validity of claims based on the documentation submitted by the employer.

# Important Facts about Workers' Compensation

- **All non-pedagogical titles are covered by WC.**

Some of the titles covered by WC are however, not limited to are: Paraprofessionals (including Subs), School Aides, Therapists, Nurses, SAPIS and Administrative titles. All pedagogical titles file for LODI and are handled by HR Connect. When in doubt, contact the WC Unit for assistance.

- **All injuries/accidents must be reported to the employer and documented immediately.**

As soon as you are notified of an injury on the job you must provide the employee with forms to complete and must be returned to you immediately. By law, all work related injuries must be reported within six (6) days of the injury in order to avoid fines.

- **Employer cannot approve/disapprove a WC claim.**

If the employer is of the opinion that the WC claim is fraudulent and should be controverted, it is advised that a C2 Addendum be completed along with the C2 Form and be mailed to the insurance carrier for review.

# Rights & Responsibilities of the Employee

- It is important that the employees are made aware that, should they have an accident at the workplace, they are to notify their employer within 24 hours of the injury and, if necessary, seek the proper medical attention from a workers' compensation physician.
- The C3 form is the "Employee's Report of Injury" claim and it is their responsibility to submit and mail this form to the NY State Workers' Compensation Board.
- **The New York City Law Department** is the insurance carrier for Workers' Compensation recipients. The carrier case number will be mailed to the employee once they have reviewed the C2 form. All bills, authorizations, surgeries, therapies and prescriptions are to be mailed to the Law Dept for approval, payment and reimbursement. The employee should not be using their personal insurance. Should they incur out of pocket expenses, the receipts should be mailed to the NYC Law Department for reimbursement.
- Reimbursement of wages and sick time are to be determined by the Law Dept. based on the degree of disability and the wages of the employee. All restorations of time are processed by the DOE WC Unit. Notification of restorations are emailed to the payroll secretary/supervisor. Reimbursement of wages are mailed from the Law Dept. to the employee.
- It is now required that when an employee is absent due to workers' compensation, all their absences must be documented in SOLAS-even non chargeable absences.

# Responsibility of the Employer

- **Notice of Compliance**

By law, these notices (**C-105** and **DB-120**) must be posted at the workplace where the employee can view them, preferably by the time clock, or on a bulletin board. These notices inform the employee who their insurance carrier is should they have a work related injury at the workplace.

- **Claimant Information Packet**

The NY State WC Board has compiled a packet that consists of reading materials and forms that the employee is responsible for submitting to them. It is to be provided to the employee every time they have an accident on the job. This packet contains the C3 form.

- **C2 form**

It is the responsibility of the employer to submit the C2 form within six (6) days from the date of injury in the Payroll portal. Failure to do so will result in fines of up to \$2,500. The C2 form is different from the OORS report.

- **Timekeeping**

It is extremely important that all timekeeping entries related to WC are accurate and timely as to avoid overpayments.

# Documents to Print

- **Notice of Compliance:** Post in the workplace. C-105 & DB-120
- **Claimant Information Packet:** Provide to the injured employee *every time* they have an accident at the workplace.
- **Comprehensive Injury Report** for administrative employees. School based employees may provide a copy of the OORS report.
- **Employee Notice of Injury (WCD23)**
- **Election of Rate of Charge Against Annual and or Sick Leave Balance (DP2002)** Only if absences are beyond the first five days.
- **Employees FAQ's**



**NYC Department of Education**  
Carmen Fariña, Chancellor

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DOE Home Page > Offices & Programs > Enterprise Operations > Division of Finance > Division of Financial Operations > Office of Payroll Administration > Workers' Compensation

**Workers' Compensation**

**Employer Procedures**

In accordance with New York State Workers' Compensation Law, print the following notices and post in a conspicuous location within the workplace:

- [Notice of Compliance: Workers' Compensation Law \(C-105 form\)](#)
- [Notice of Compliance: Disability Benefits Law \(DB-120 form\)](#)

When an employee reports a work-related injury, the following steps must be performed by the employer:

1. Provide the injured employee with the following documentation:
  - o [Claimant Information Packet](#) (includes the Employee Claim (C-3 form))
  - o [Comprehensive Injury Report](#) (for school-based employees, this may be substituted with OORS report; see [Step 2 below](#))
  - o [Employee's Notice of Injury \(WCD 23 form\)](#)
  - o Election of Rate of Charge Against Annual and/or Sick Leave Balances ([DP 2002 form](#)) (only if employee's injury results in more than five absences)
  - o [Employee's FAQ](#)
2. If the employee works at a school, request that s/he work with the school's OORS operator to complete an OORS report in order to document the incident.
3. Instruct the employee to mail the completed Employee Claim (C-3 form) to the New York State Workers' Compensation Board district office as soon as possible but no later than two years of the date of the accident. The mailing address is:
 

New York State Workers' Compensation Board District Office  
PO Box 5205  
Binghamton, NY 13902-5205
4. Instruct the employee to return the remaining forms to you, once completed.

**Contacts**

**Workers' Compensation Unit,**  
Customer Service  
65 Court Street - 14th Floor  
Brooklyn, NY 11201  
(718) 935-2213  
[workerscomp@schools.nyc.gov](mailto:workerscomp@schools.nyc.gov)

[Workers' Compensation Contact Information](#)

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# Timekeeping

- **Date of the accident**

In the event that the employee has to leave work to seek medical attention, the date of the accident is a paid day.

- **Non Chargeable Days**

The employee may apply for up to the next five (5) consecutive working days as non chargeable days pending supervisory approval of the [OP198](#) / [PD19](#) form. A doctor's note is required and must indicate the date of injury and that the absences are due to an injury on the job. Absences beyond the first five work days should not be coded as non chargeable. The employee has an option on how the remainder of the days are to be coded. These absences must be recorded in SOLAS. **Code 56/66B00**

## **Option 1**

The employee notifies payroll secretary that they are opting to use their accruals for the duration of their absences related to WC. The employee has to contact their examiner at the NYC Law Department to initiate the process of restoring their time. An employee can also utilize Option 2 when they have exhausted their accruals. *It is not permissible for employees to borrow time for workers' compensation absences.* These absences must be recorded in SOLAS. **Code 51/61BWC**

## **Option 2**

The employee notifies the payroll secretary that they do not want to use their accruals or may not have any and as a consequence will have to apply for a Leave Of Absence Without Pay For Workers' Compensation. The employee must submit the leave application through SOLAS. The maximum time allowed to be absent due to workers compensation is one year. If the employee chooses Option 2, enrollment in direct deposit must be cancelled. For that reason, be cautious of those employees that are on "positive pay". The employee will receive a reimbursement of lost wages, at a weekly rate determined by the Law Dept.



Example of timekeeping for a  
Paraprofessional (in EIS) due to  
Workers' Compensation:

**Date of accident:** June 17, 2019

**\*First five days:** June 18-24, 2019

**Option #1:** June 25- 26,2019

- 06/26/19 51BWC WC MD CERT SICK
- 06/25/19 51BWC WC MD CERT SICK
- 06/24/19 56B00 WORKERS COMP
- 06/21/19 56B00 WORKERS COMP
- 06/20/19 56B00 WORKERS COMP
- 06/19/19 56B00 WORKERS COMP
- 06/18/19 56B00 WORKERS COMP


*\*Subject to approval*

EFFECT	END	TITLE	JOB	ORG	POS	LIC	EFF	LIST	PAY	
S DATE	DATE	WORK	ID	UNIT	ID	WORK	RSN	STA	CODE	CYC
-	-	-	-	-	-	-	-	-	-	-
02/07/14	06/08/14	AREPP	GOFAA	30Q126	IEPPP	PARA	2WC	LWO		P



# Submitting the C2 form

- Proceed to the [Payroll Portal](#)
- Enter your Outlook/Network ID, password and Log On



The screenshot shows the 'Employee Intranet' login page for the NYC Department of Education. The page has a blue header with the NYC Department of Education logo and the title 'Employee Intranet'. Below the header, there is a section for security settings with two radio buttons: 'This is a public or shared computer' (selected) and 'This is a private computer'. Below this, there are two yellow input fields for 'Outlook User name:' and 'Password:'. A 'Log On' button is located to the right of the password field. At the bottom, there are links for 'Forgot your User name or Password? Click here' and 'Go to the NYCDOE Public Web Site'. The footer contains the text 'Children First. Always.' and '© The New York City Department of Education'.

NYC Department of Education Employee Intranet

Security ( [show explanation](#) )

☒ This is a public or shared computer  
☐ This is a private computer

Outlook User name:

Password:

[Log On](#)

[Forgot your User name or Password? Click here](#)  
[Go to the NYCDOE Public Web Site](#)

Children First. Always. © The New York City Department of Education

# Submitting the C2 form

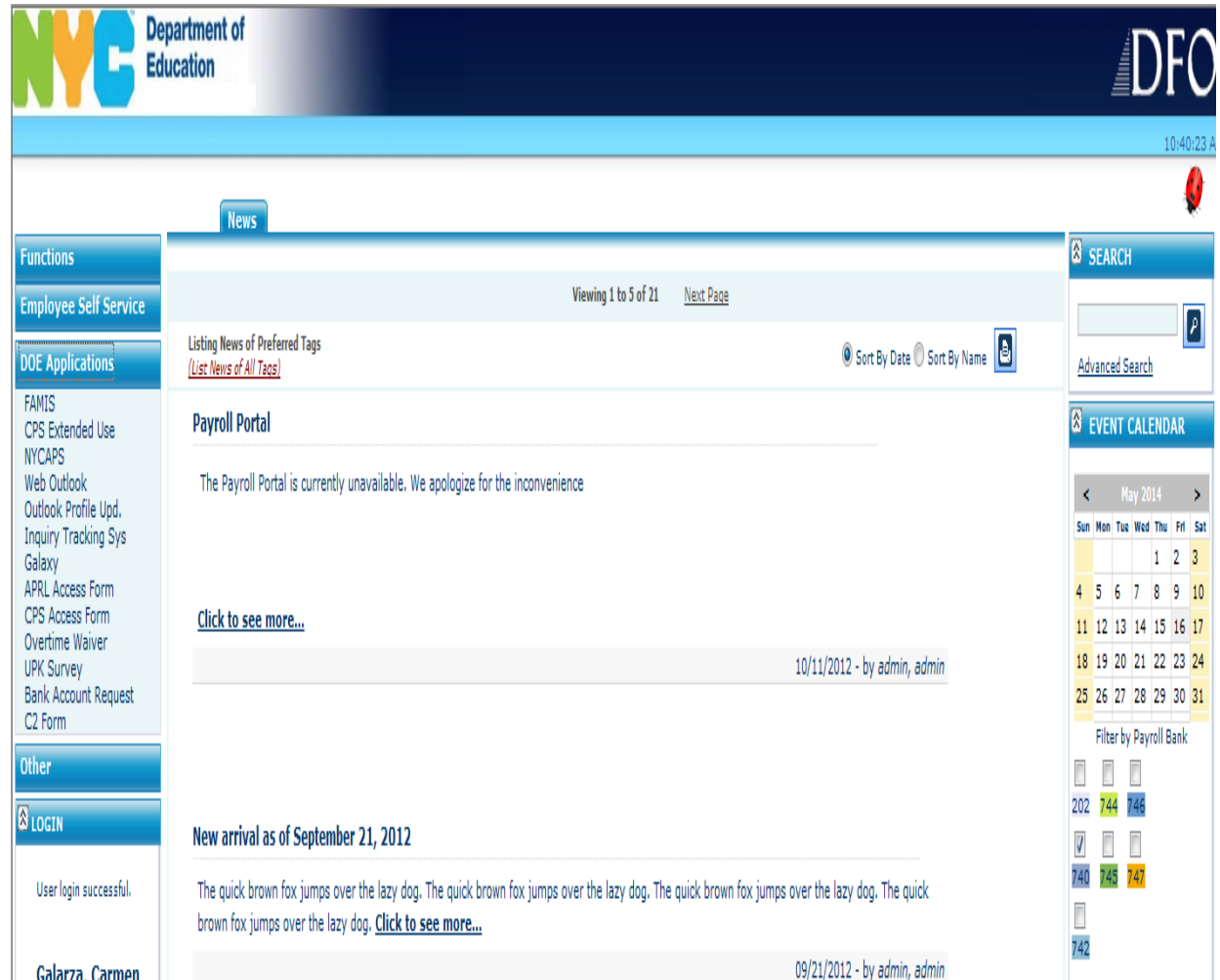
- Network/Employee ID
- Password
- EMP/EIS ID number



The screenshot shows the NYC Department of Education website. The top navigation bar includes the NYC logo, the text "Department of Education", and the DFO logo. A "News" tab is selected. The main content area displays a list of news items, including "PDPS Per Diem and TBNK Per Session Payrolls Will Remain Open on Monday, June 30, 2014 for Data Entry and Approval Until Close of Business" and "Self-Service Leave Online Application System (SOLAS) Phase III". The left sidebar contains a "Functions" menu with links to News (Home), Documents, Events, Polls, and Training. Below this is an "Employee Self Service" section with a "DOE Applications" link. The bottom left section is a "LOGIN" area with fields for "Network/Email Id:", "Password:", and "Forgot Id/Password?". There are radio buttons for "EMP ID" and "EIS ID", and a "Sign-in" button. The right sidebar features a "SEARCH" bar, an "EVENT CALENDAR" for May 2014, and a "DOCUMENTS" section with links to "Salary Differential & Salary Step Request Application", "Request For Verification Form", and "Pedagogic Payroll - LEAVES".

# Submitting the C2 form

- DOE Applications
- C2 Form



The screenshot displays the NYC Department of Education (DOE) DFO portal. The header includes the NYC Department of Education logo and the DFO logo. The main navigation menu on the left lists various functions, including DOE Applications, FAMIS, CPS Extended Use, NYCAPS, Web Outlook, Outlook Profile Upd., Inquiry Tracking Sys, Galaxy, APRL Access Form, CPS Access Form, Overtime Waiver, UPK Survey, Bank Account Request, and C2 Form. The C2 Form option is highlighted. The main content area shows a 'Payroll Portal' section with a message stating 'The Payroll Portal is currently unavailable. We apologize for the inconvenience.' Below this, there is a 'Click to see more...' link. The right sidebar contains a search bar, an event calendar for May 2014, and a filter by Payroll Bank section.

**Functions**

- Employee Self Service
- DOE Applications**
  - FAMIS
  - CPS Extended Use
  - NYCAPS
  - Web Outlook
  - Outlook Profile Upd.
  - Inquiry Tracking Sys
  - Galaxy
  - APRL Access Form
  - CPS Access Form
  - Overtime Waiver
  - UPK Survey
  - Bank Account Request
  - C2 Form
- Other
- LOGIN
  - User login successful.
  - Galarza, Carmen

**News**

Viewing 1 to 5 of 21 [Next Page](#)

Listing News of Preferred Tags  
([List News of All Tags](#))

Sort By Date Sort By Name

**Payroll Portal**

The Payroll Portal is currently unavailable. We apologize for the inconvenience

[Click to see more...](#)

10/11/2012 - by admin, admin

**Event Calendar**

May 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Filter by Payroll Bank

202 744 746

740 745 747

742

**New arrival as of September 21, 2012**

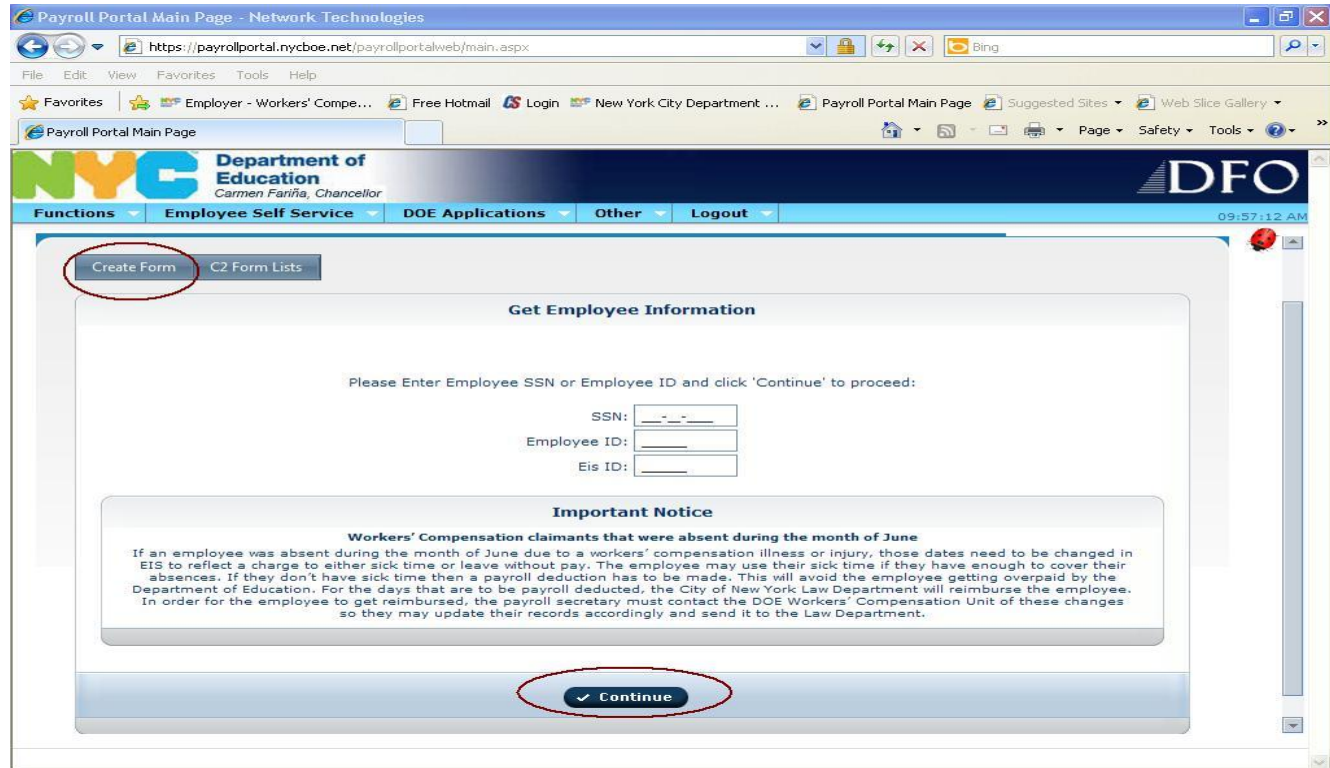
The quick brown fox jumps over the lazy dog. The quick brown fox jumps over the lazy dog. The quick brown fox jumps over the lazy dog. The quick brown fox jumps over the lazy dog. [Click to see more...](#)

09/21/2012 - by admin, admin

# Creating C2 Form

- **Create Form:** Once you have logged in, the system will prompt you to start creating a C2 form. You may create a new C2 form by entering the Employee's ID, EIS or SSN. The system will retrieve the employee's personal information and self populate certain fields on the form.

Continue to proceed to next page.



The screenshot shows a web browser window displaying the 'Payroll Portal Main Page - Network Technologies'. The address bar shows the URL 'https://payrollportal.nycboe.net/payrollportalweb/main.aspx'. The page features the NYC Department of Education logo and the DFO logo. A navigation bar includes links for 'Functions', 'Employee Self Service', 'DOE Applications', 'Other', and 'Logout'. The 'Create Form' button is highlighted with a red circle. Below it, the 'Get Employee Information' section prompts the user to enter the Employee SSN or Employee ID and click 'Continue' to proceed. The 'Continue' button is also highlighted with a red circle. An 'Important Notice' section is visible below the input fields.

**Create Form** C2 Form Lists

**Get Employee Information**

Please Enter Employee SSN or Employee ID and click 'Continue' to proceed:

SSN:

Employee ID:

Eis ID:

**Important Notice**

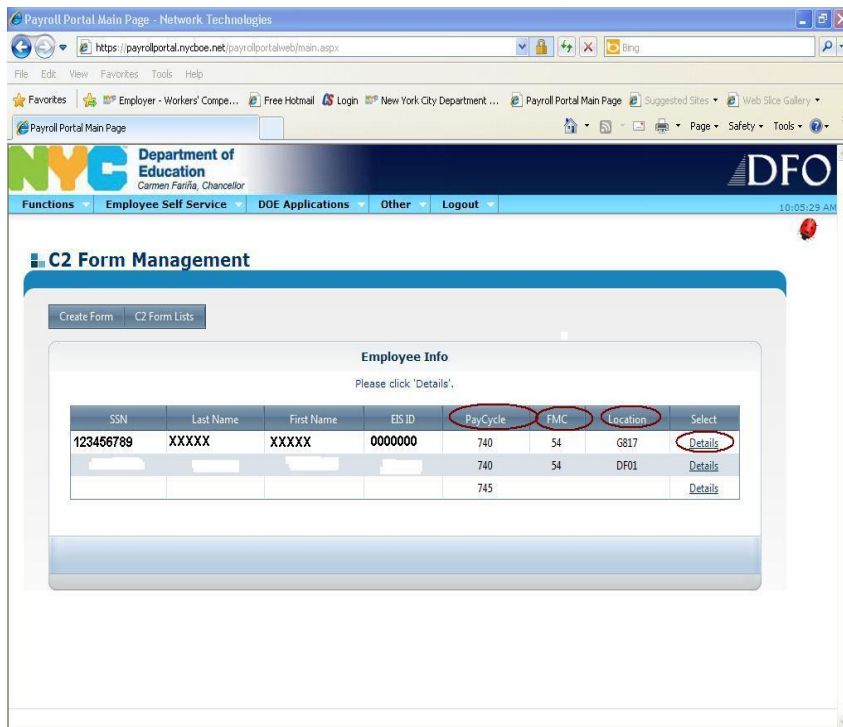
**Workers' Compensation claimants that were absent during the month of June**

If an employee was absent during the month of June due to a workers' compensation illness or injury, those dates need to be changed in EIS to reflect a charge to either sick time or leave without pay. The employee may use their sick time if they have enough to cover their absences. If they don't have sick time then a payroll deduction has to be made. This will avoid the employee getting overpaid by the Department of Education. For the days that are to be payroll deducted, the City of New York Law Department will reimburse the employee. In order for the employee to get reimbursed, the payroll secretary must contact the DOE Workers' Compensation Unit of these changes so they may update their records accordingly and send it to the Law Department.

# Retrieving Employee's Data

Make sure the employee's name is correct then click on **"Details"**. An employee may have multiple lines if they worked in different FMC's, locations or were part of different payroll banks. Make certain that the correct record is selected.

**Employee Details:** The system will display the employee's personal information. Verify accuracy then click **"Next"** at the bottom of the screen.

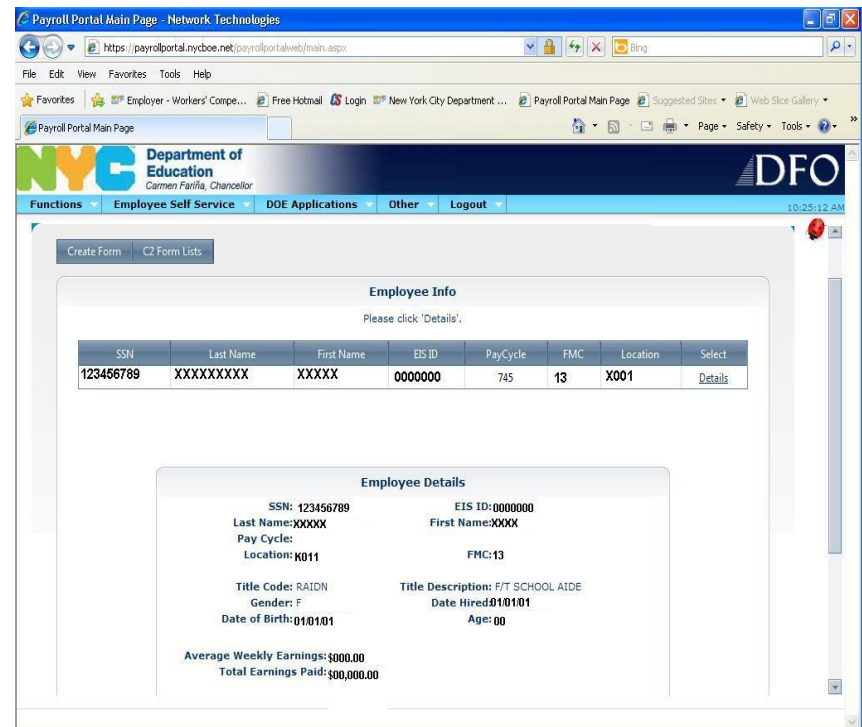


**C2 Form Management**

Create Form C2 Form Lists

**Employee Info**  
Please click 'Details'.

SSN	Last Name	First Name	EIS ID	PayCycle	FMC	Location	Select
123456789	XXXXXX	XXXXX	0000000	740	54	G817	<a href="#">Details</a>
				740	54	DF01	<a href="#">Details</a>
				745			<a href="#">Details</a>



**Employee Info**  
Please click 'Details'.

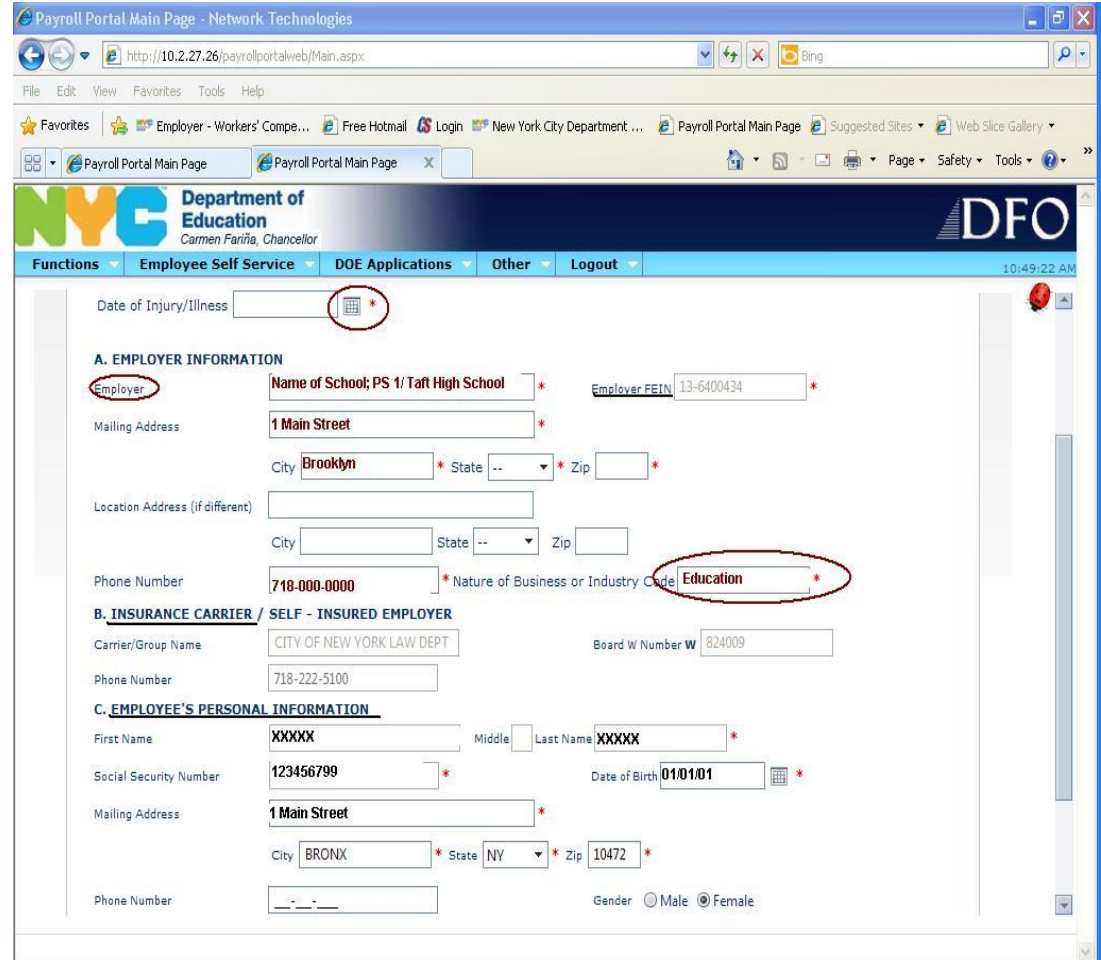
SSN	Last Name	First Name	EIS ID	PayCycle	FMC	Location	Select
123456789	XXXXXX	XXXXX	0000000	745	13	X001	<a href="#">Details</a>

**Employee Details**

SSN: 123456789 EIS ID: 0000000  
 Last Name: XXXXX First Name: XXXX  
 Pay Cycle: Location: K011 FMC: 13  
 Title Code: RAIDN Title Description: F/T SCHOOL AIDE  
 Gender: F Date Hired: 01/01/01 Age: 00  
 Date of Birth: 01/01/01  
 Average Weekly Earnings: \$000.00  
 Total Earnings Paid: \$00,000.00

# Entering Data

- **Date of accident:** Use the pop-up calendar or enter the date manually.
- **Employer:** Enter the name of the school /site/office, **not “Dept of Ed”**.
- **Nature of Business:** Enter “Education”.
- **Sections B & C:** Fields are already populated with requested information. Once completed, click “Save & Continue”.



Payroll Portal Main Page - Network Technologies

http://10.2.27.26/payrollportalweb/Main.aspx

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Payroll Portal Main Page Payroll Portal Main Page

NYC Department of Education  
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Functions Employee Self Service DOE Applications Other Logout 10:49:22 AM

Date of Injury/Illness  \*

**A. EMPLOYER INFORMATION**

Employer  Name of School; PS 1/ Taft High School \* Employer FEIN  13-6400434 \*

Mailing Address  1 Main Street \*

City  Brooklyn \* State  -- Zip  \*

Location Address (if different)

City  State  -- Zip

Phone Number  718-000-0000 \* Nature of Business or Industry Code  Education \*

**B. INSURANCE CARRIER / SELF - INSURED EMPLOYER**

Carrier/Group Name  CITY OF NEW YORK LAW DEPT Board W Number  824009

Phone Number  718-222-5100

**C. EMPLOYEE'S PERSONAL INFORMATION**

First Name  XXXXX Middle  Last Name  XXXXX \*

Social Security Number  123456799 \* Date of Birth  01/01/01 \*

Mailing Address  1 Main Street \*

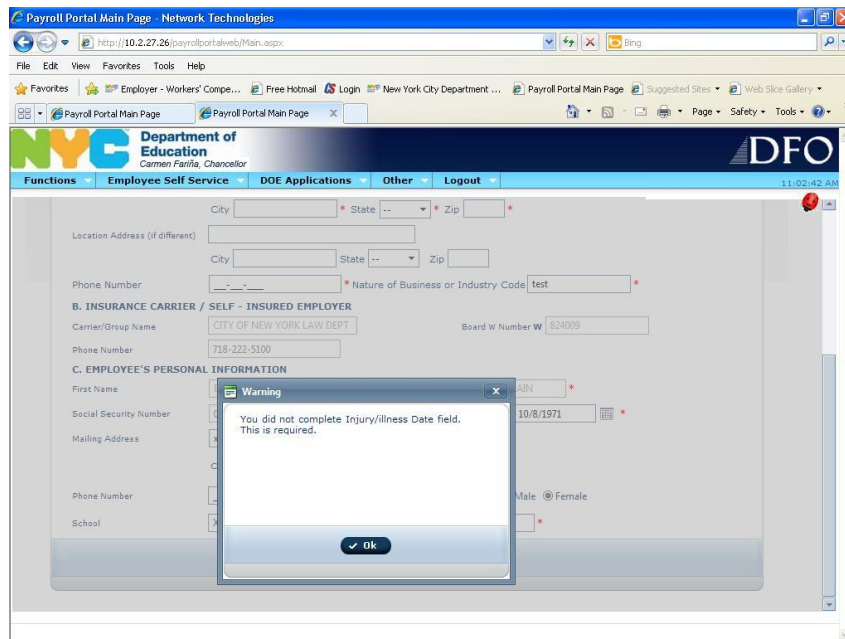
City  BRONX \* State  NY Zip  10472 \*

Phone Number  -- -- -- Gender ☐ Male ☒ Female

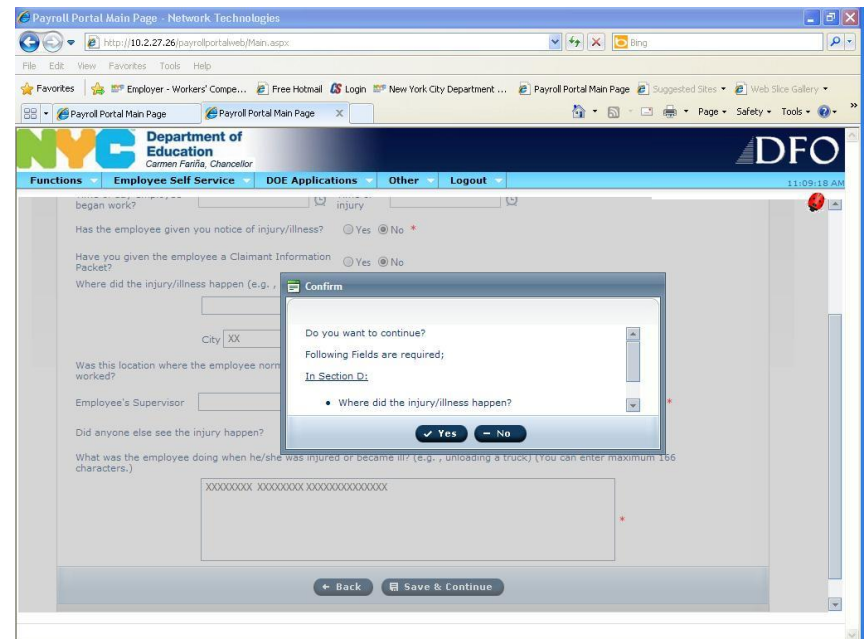
# Entering Data *(cont'd)*

**Asterisks:** Mandatory fields are marked with an asterisk (\*) and must be completed.

**Missing Data:** If data is missing the incomplete C2 form will be stored in the “Draft List” until it is completed in its entirety.



The screenshot shows the NYC Department of Education Payroll Portal Main Page. The page has a navigation bar with tabs: Functions, Employee Self Service, DOE Applications, Other, and Logout. The main content area displays a form for entering data. A warning message box is overlaid on the form, stating: "You did not complete Injury/Illness Date field. This is required." The form includes fields for City, State, Zip, Location Address, Phone Number, Nature of Business or Industry Code, Carrier/Group Name, Board W Number, Employee's Personal Information (First Name, Social Security Number, Mailing Address, Phone Number, School), and Injury/Illness Date. The warning message is highlighted with a red border.



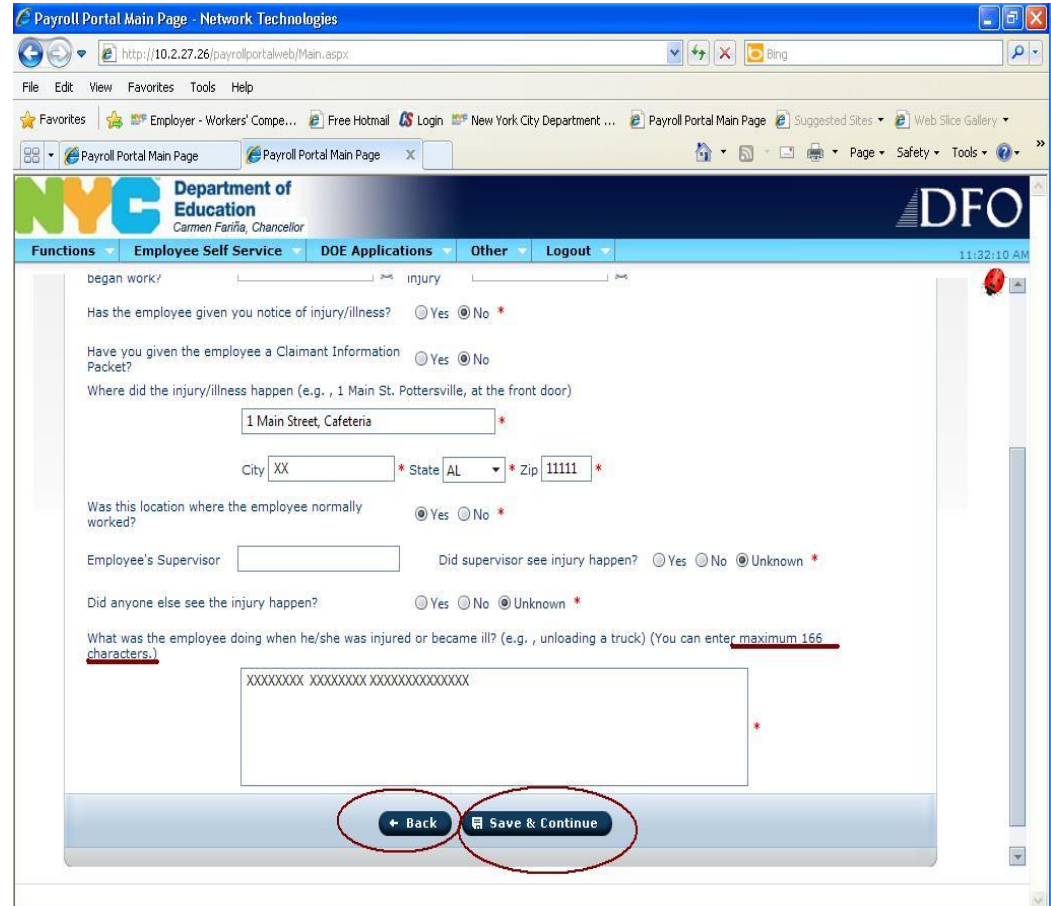
The screenshot shows the NYC Department of Education Payroll Portal Main Page. The page has a navigation bar with tabs: Functions, Employee Self Service, DOE Applications, Other, and Logout. The main content area displays a form for entering data. A confirmation dialog box is overlaid on the form, asking: "Do you want to continue? Following fields are required; In Section D: Where did the injury/illness happen?" The dialog box has "Yes" and "No" buttons. The form includes fields for City, State, Zip, Location Address, Phone Number, Nature of Business or Industry Code, Carrier/Group Name, Board W Number, Employee's Personal Information (First Name, Social Security Number, Mailing Address, Phone Number, School), and Injury/Illness Date. The confirmation dialog box is highlighted with a red border.



# Entering Data *(cont'd)*

## Section 2

- **Field D:** Enter description
- **Back:** The option to return to previous



The screenshot shows the 'Payroll Portal Main Page - Network Technologies' in a web browser. The page is for the NYC Department of Education, with Carmen Fariña as Chancellor. The navigation bar includes 'Functions', 'Employee Self Service', 'DOE Applications', 'Other', and 'Logout'. The form is titled 'injury' and contains the following fields and options:

- begin work?** (dropdown menu)
- Has the employee given you notice of injury/illness?** (Radio buttons: Yes, No)
- Have you given the employee a Claimant Information Packet?** (Radio buttons: Yes, No)
- Where did the injury/illness happen (e.g., 1 Main St. Pottersville, at the front door)?** (Text input: 1 Main Street, Cafeteria)
- City** (Text input: XX), **State** (Dropdown: AL), **Zip** (Text input: 11111)
- Was this location where the employee normally worked?** (Radio buttons: Yes, No)
- Employee's Supervisor** (Text input), **Did supervisor see injury happen?** (Radio buttons: Yes, No, Unknown)
- Did anyone else see the injury happen?** (Radio buttons: Yes, No, Unknown)
- What was the employee doing when he/she was injured or became ill? (e.g., unloading a truck) (You can enter maximum 166 characters.)** (Text input: XXXXXXXX XXXXXXXX XXXXXXXXXXXXXXXXXXXX)

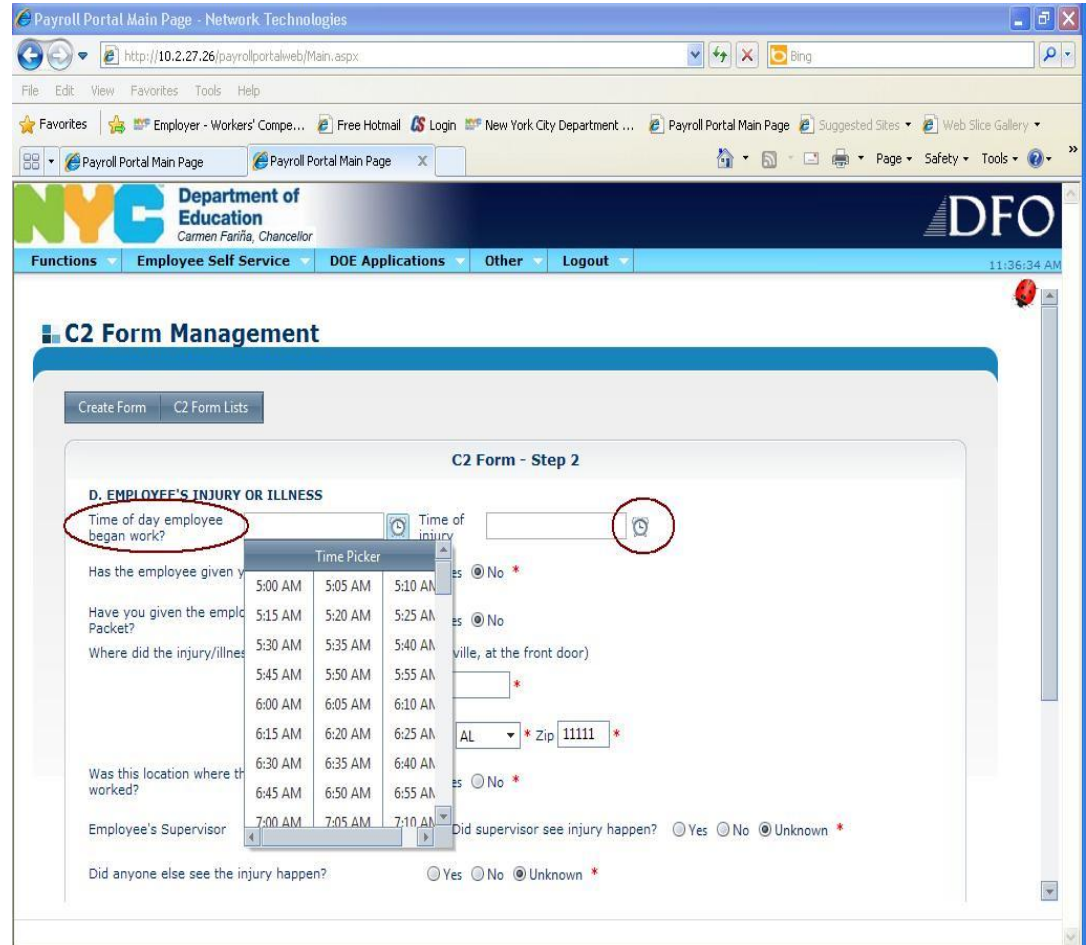
At the bottom of the form, there are two buttons: **Back** and **Save & Continue**, both of which are circled in red.



# Entering Data *(cont'd)*

## Time Field

The drop down menu must be used to select the desired time. The time is provided in increments of five (5) minutes. Therefore, if the specific time is not displayed, round off the time to the nearest one provided.



Payroll Portal Main Page - Network Technologies

http://10.2.27.26/payrollportalweb/Main.aspx

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Payroll Portal Main Page

NYC Department of Education Carmen Fariña, Chancellor

Functions Employee Self Service DOE Applications Other Logout

11:36:34 AM

### C2 Form Management

Create Form C2 Form Lists

#### C2 Form - Step 2

##### D. EMPLOYEE'S INJURY OR ILLNESS

Time of day employee began work? Time of injury

Has the employee given you a written statement? ☐ Yes ☒ No \*

Have you given the employee a copy of the packet? ☐ Yes ☒ No \*

Where did the injury/illness occur?  \*

Was this location where the employee worked? ☐ Yes ☒ No \*

Employee's Supervisor  Zip  \*

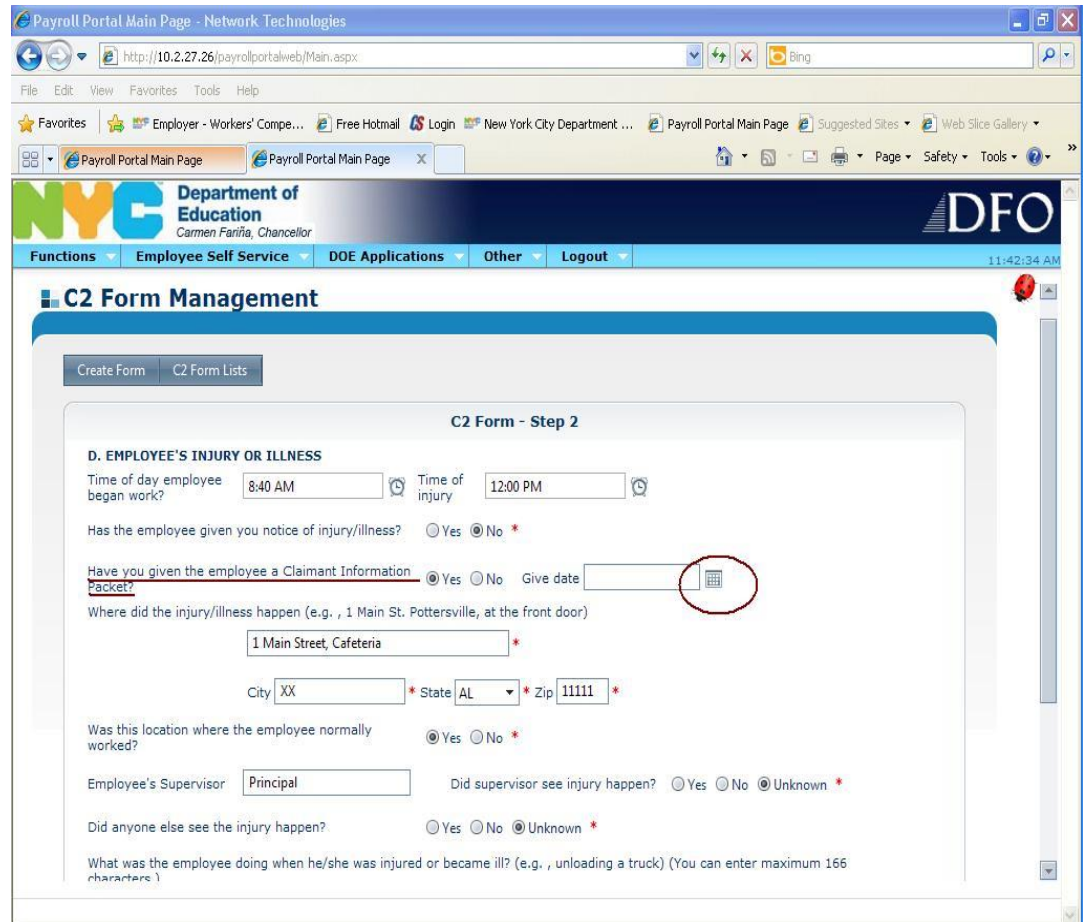
Did supervisor see injury happen? ☐ Yes ☐ No ☒ Unknown \*

Did anyone else see the injury happen? ☐ Yes ☐ No ☒ Unknown \*

# Entering Data (cont'd)

## Claimant Information Packet

- This packet can be found on the DOE WC website and is to be provided to the employee every time they have an accident on the job. This is the date (must be entered) when the **Claimant Information Packet** was given to the employee.



Payroll Portal Main Page - Network Technologies

http://10.2.27.26/payrollportalweb/Main.aspx

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Payroll Portal Main Page Payroll Portal Main Page

NYC Department of Education Carmen Fariña, Chancellor

Functions Employee Self Service DOE Applications Other Logout 11:42:34 AM

### C2 Form Management


Create Form C2 Form Lists

#### C2 Form - Step 2

##### D. EMPLOYEE'S INJURY OR ILLNESS

Time of day employee began work? 8:40 AM Time of injury 12:00 PM

Has the employee given you notice of injury/illness? ☐ Yes ☒ No \*

Have you given the employee a Claimant Information Packet? ☒ Yes ☐ No Give date  

Where did the injury/illness happen (e.g., 1 Main St. Pottersville, at the front door)

1 Main Street, Cafeteria \*

City XX \* State AL \* Zip 11111 \*

Was this location where the employee normally worked? ☒ Yes ☐ No \*

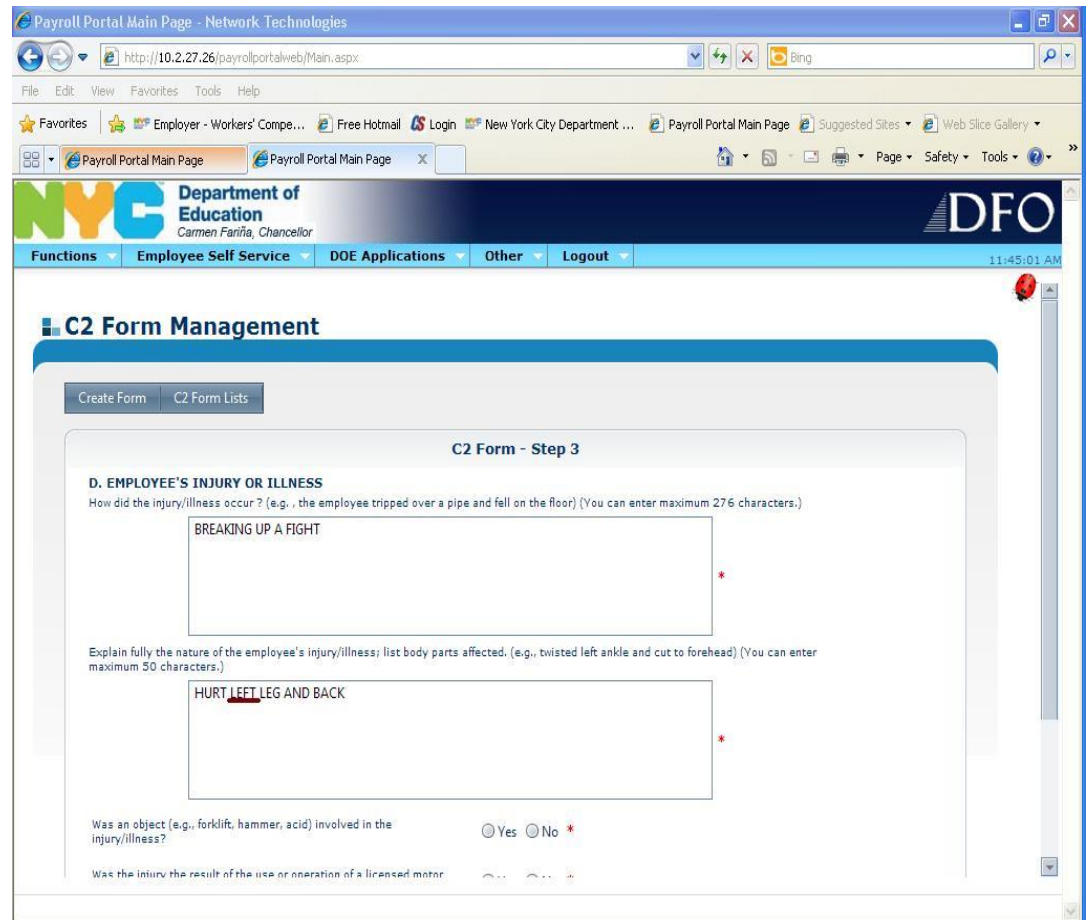
Employee's Supervisor Principal Did supervisor see injury happen? ☐ Yes ☐ No ☒ Unknown \*

Did anyone else see the injury happen? ☐ Yes ☐ No ☒ Unknown \*

What was the employee doing when he/she was injured or became ill? (e.g., unloading a truck) (You can enter maximum 166 characters)

# Entering Data *(cont'd)*

- List only the body parts that were injured. For example, when a limb has been injured, indicate whether it is the “*left*” or “*right*”.



Payroll Portal Main Page - Network Technologies

http://10.2.27.26/payrollportalweb/Main.aspx

File Edit View Favorites Tools Help

Favorites: Employer - Workers' Compe... Free Hotmail Login New York City Department ... Payroll Portal Main Page Suggested Sites Web Slice Gallery

Payroll Portal Main Page Payroll Portal Main Page

NYC Department of Education Carmen Fariña, Chancellor

DFO

Functions Employee Self Service DOE Applications Other Logout

11:45:01 AM

### C2 Form Management

Create Form C2 Form Lists

#### C2 Form - Step 3

##### D. EMPLOYEE'S INJURY OR ILLNESS

How did the injury/illness occur? (e.g., the employee tripped over a pipe and fell on the floor) (You can enter maximum 276 characters.)

BREAKING UP A FIGHT

Explain fully the nature of the employee's injury/illness; list body parts affected, (e.g., twisted left ankle and cut to forehead) (You can enter maximum 50 characters.)

HURT LEFT LEG AND BACK

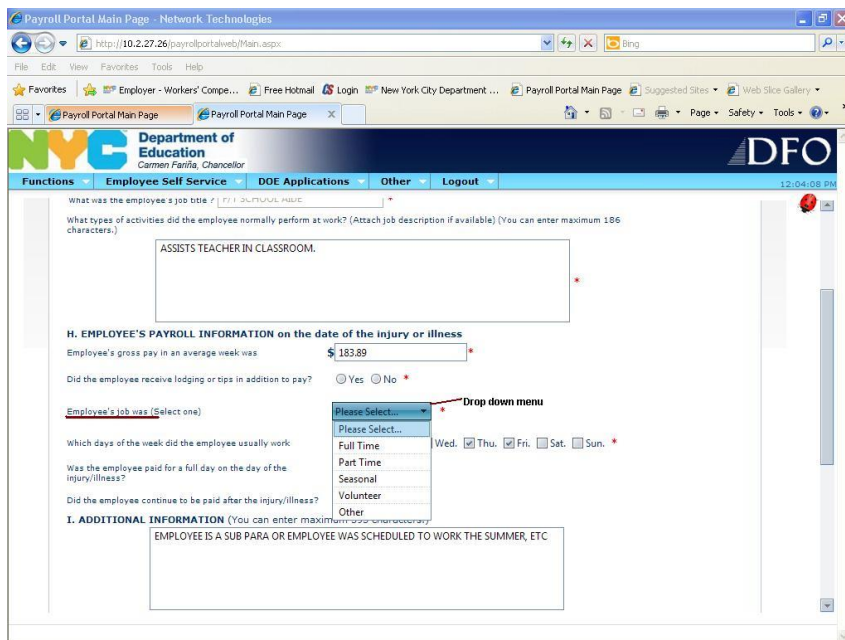
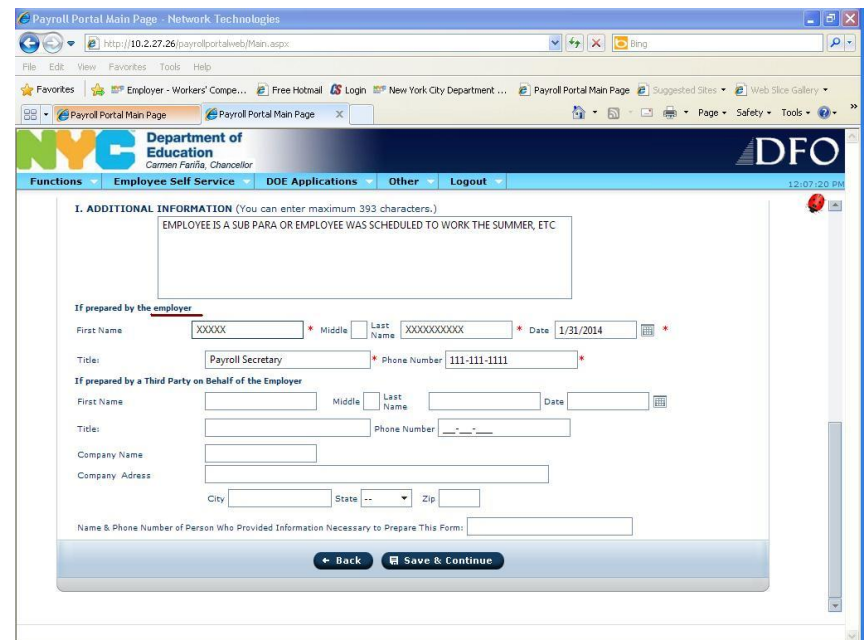
Was an object (e.g., forklift, hammer, acid) involved in the injury/illness? ☐ Yes ☒ No

Was the injury the result of the use or operation of a licensed motor vehicle? ☐ Yes ☒ No

# Entering Data (cont'd)

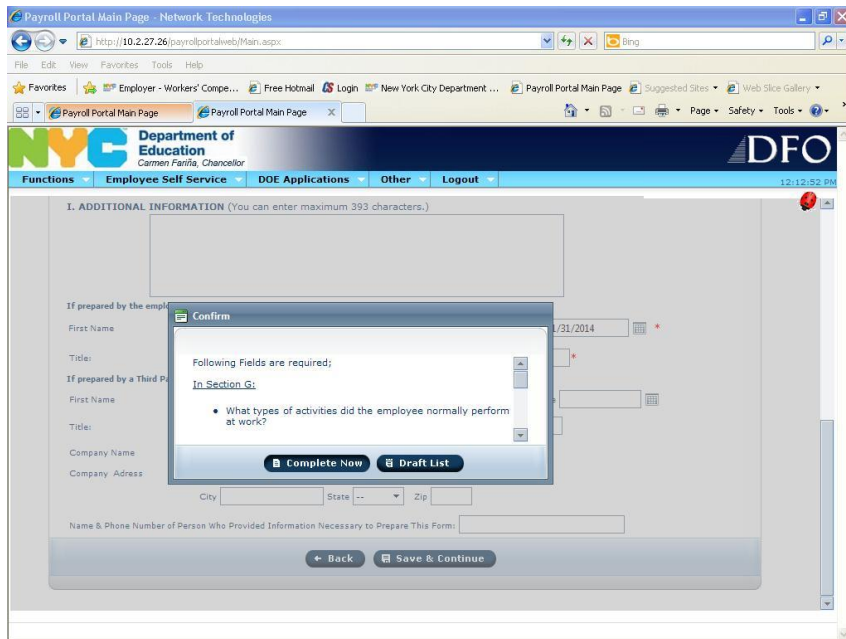
- **Field H:** Indicate if the employee is a full time employee.
- **Additional Information:** Include any other information that is relevant to the claim.

- **Signature:** The employee cannot submit *and* sign their own C2 form. It must be submitted by the employer.

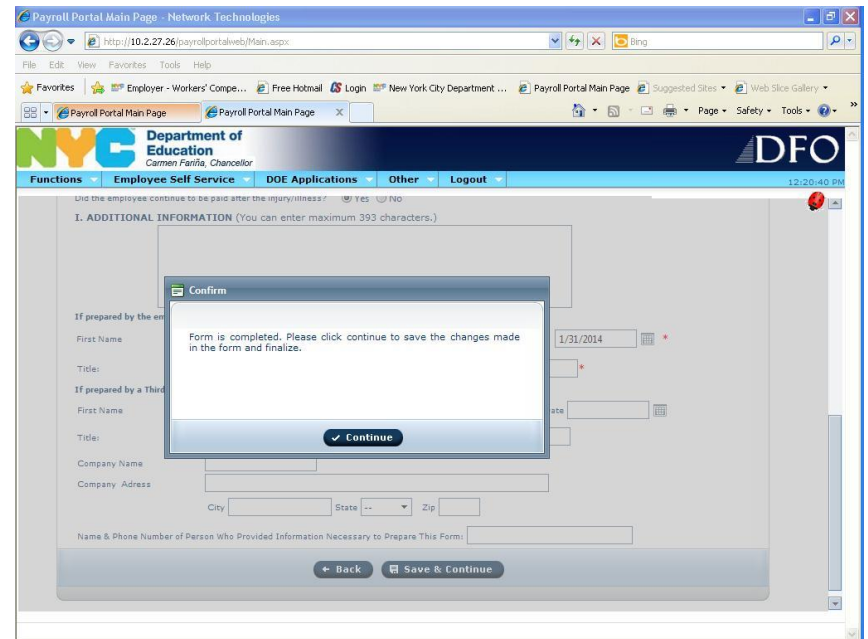



# Entering Data *(cont'd)*

Once the completed C2 form is ready for submission to the DOE WC Unit, click “**Continue**”. If there are any required fields that are incomplete, a message will be displayed and the fields in question will be indicated. If the fields are not completed, the form will be stored in the “Draft List”.



The screenshot shows the 'Payroll Portal Main Page - Network Technologies' in a web browser. The page is for the 'Department of Education' and 'DFO'. A 'Confirm' dialog box is displayed in the center, stating: 'Following Fields are required; In Section G: What types of activities did the employee normally perform at work?'. Below the message are two buttons: 'Complete Now' and 'Draft List'. The background form is partially visible, showing fields for 'First Name', 'Title', 'Company Name', 'Company Address', 'City', 'State', 'Zip', and 'Name & Phone Number of Person Who Provided Information Necessary to Prepare This Form'.

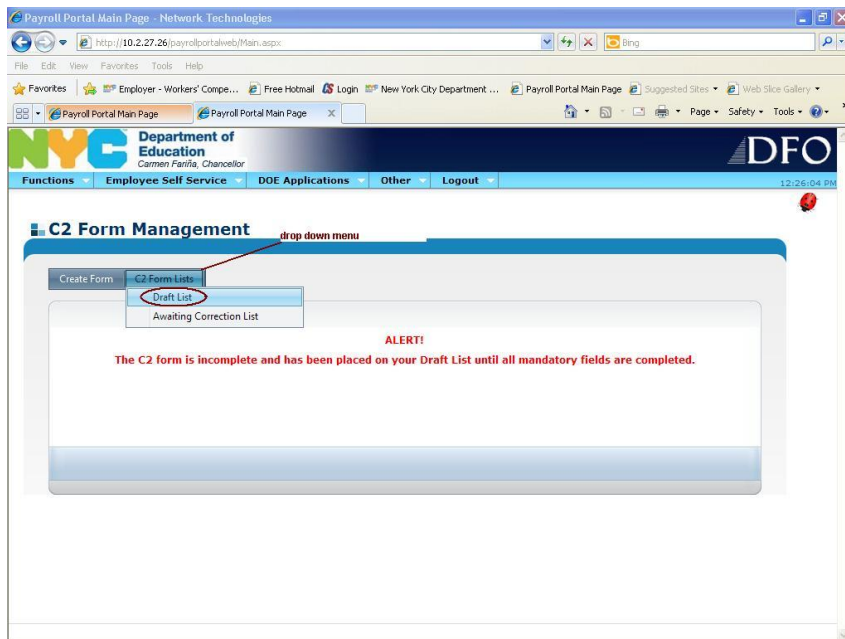


The screenshot shows the same 'Payroll Portal Main Page' but with a different 'Confirm' dialog box. The message inside the dialog box says: 'Form is completed. Please click continue to save the changes made in the form and finalize.' Below the message is a single button labeled 'Continue'. The background form is the same as in the previous screenshot.

# Draft List

If there are required fields missing data, the C2 form will be placed on the “**Draft List**” until the data is complete. A message will be displayed stating as such.

To complete a form that has been placed in the Draft List you first must enter the employee’s SS, EIS/Emplid. Once the C2 appears, click on “Edit Form”. There’s also an option to delete the C2 form.



**C2 Form Management**

drop down menu

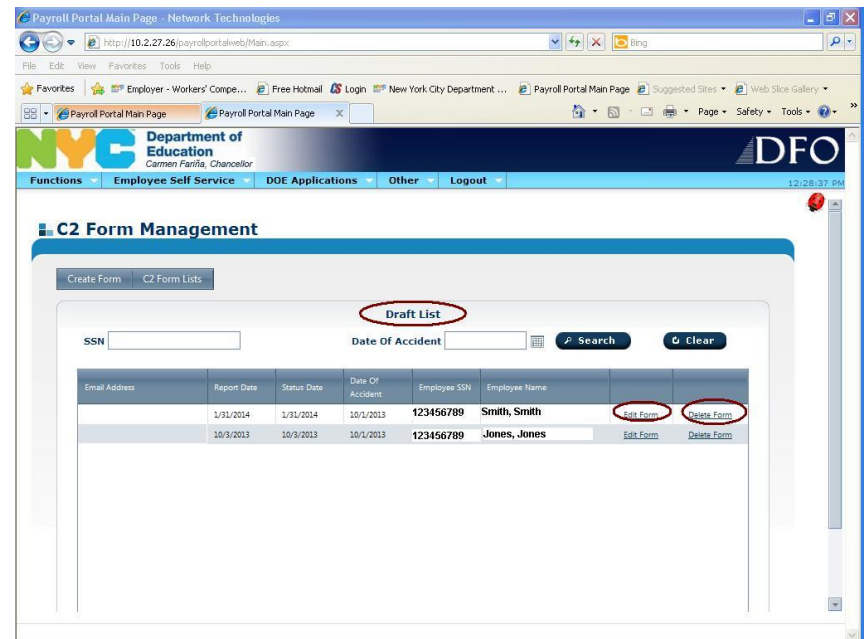
Create Form C2 Form Lists

Draft List

Awaiting Correction List

**ALERT!**

The C2 form is incomplete and has been placed on your Draft List until all mandatory fields are completed.



**C2 Form Management**

Create Form C2 Form Lists

**Draft List**

SSN  Date Of Accident  Search Clear

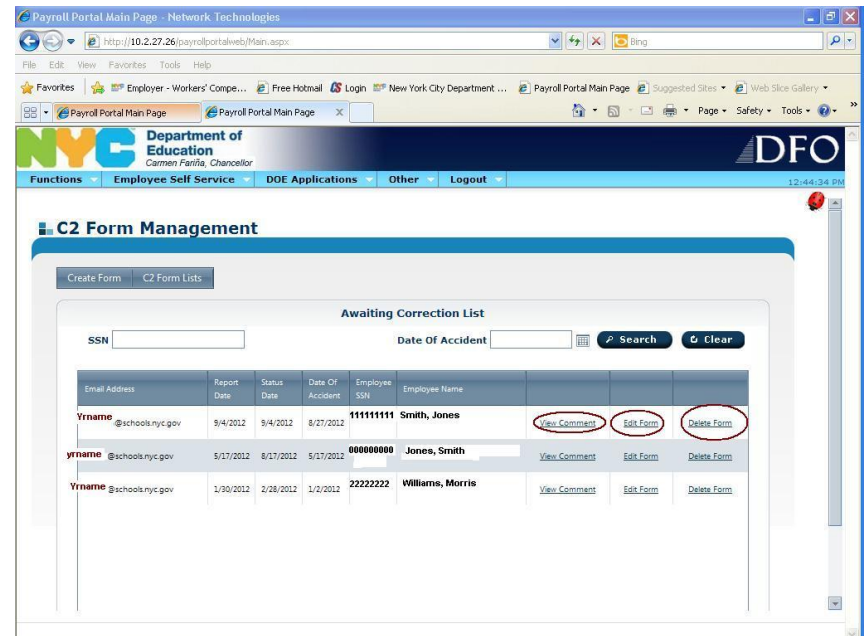
Email Address	Report Date	Status Date	Date Of Accident	Employee SSN	Employee Name	Edit Form	Delete Form
	1/31/2014	1/31/2014	10/1/2013	123456789	Smith, Smith	Edit Form	Delete Form
	10/3/2013	10/3/2013	10/1/2013	123456789	Jones, Jones	Edit Form	Delete Form



# Completing and Printing the C2 Form

Once the C2 form has been submitted, an electronic copy will be sent to the DOE WC Unit and the Law Dept. for review.

If the DOE WC Unit determines that there is missing information, an email will be sent advising that the form has been placed in the **“Awaiting Correction List”**. The user has the ability to “View Comment” to see why the form was returned, along with “edit” and/or “delete” the form.



The screenshot shows the 'C2 Form Management' section of the Payroll Portal. It includes a search bar with fields for 'SSN' and 'Date Of Accident', and buttons for 'Search' and 'Clear'. Below the search bar is a table of forms awaiting correction.

Email Address	Report Date	Status Date	Date Of Accident	Employee SSN	Employee Name	View Comment	Edit Form	Delete Form
Yrname@schools.nyc.gov	9/4/2012	9/4/2012	8/27/2012	111111111	Smith, Jones	View Comment	Edit Form	Delete Form
yrname@schools.nyc.gov	5/17/2012	8/17/2012	5/17/2012	000000000	Jones, Smith	View Comment	Edit Form	Delete Form
Yrname@schools.nyc.gov	1/30/2012	2/28/2012	1/2/2012	222222222	Williams, Morris	View Comment	Edit Form	Delete Form

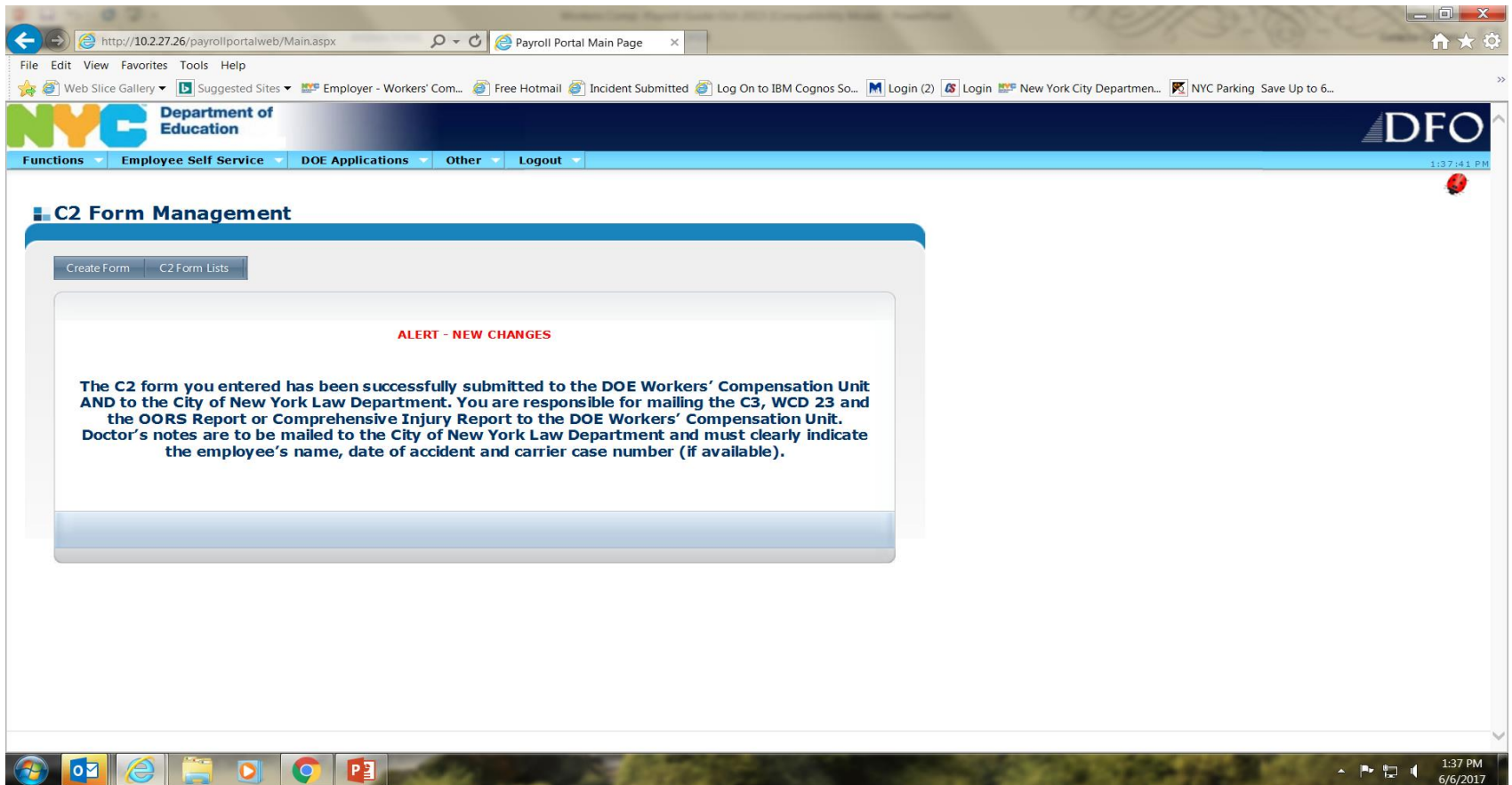


Once completed you will get a message that reads, “Form is completed”. Please click to continue and to save changes made in the form and finalize.

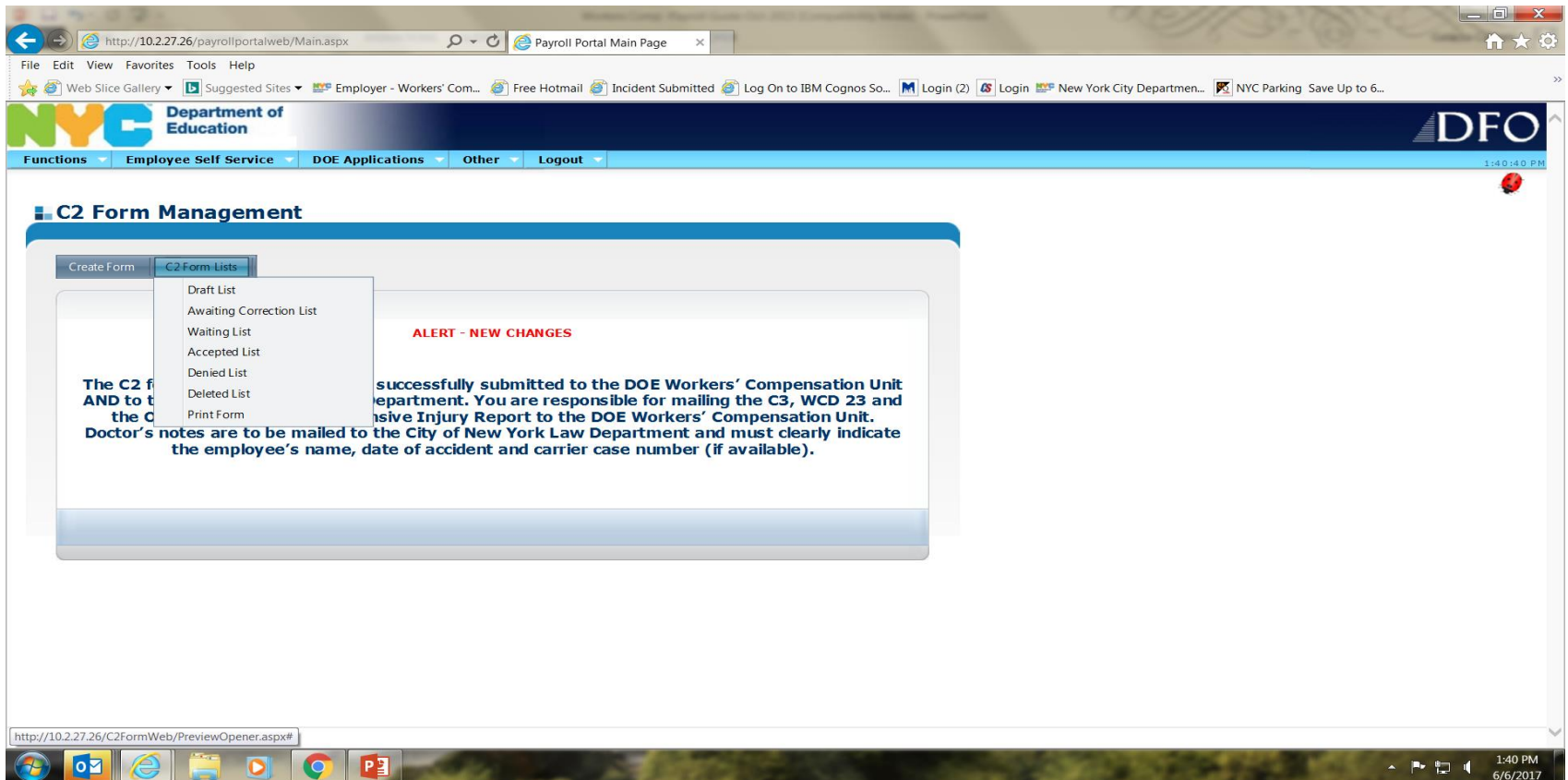
The screenshot displays a web browser window with the URL <http://10.2.27.26/payrollportalweb/Main.aspx>. The page is titled "Payroll Portal Main Page" and features the NYC Department of Education logo and the DFO logo. The navigation bar includes links for Functions, Employee Self Service, DOE Applications, Other, and Logout. The main content area shows a form with fields for "Was the employee paid for a full day on the day of the injury/illness?" and "Did the employee continue to be paid after the injury/illness?". A confirmation dialog box is overlaid on the form, displaying the message: "Form is completed. Please click continue to save the changes made in the form and finalize." The dialog box has a "Continue" button. The form also includes fields for "First Name", "Title", "Date", "Company Name", "Company Address", "City", "State", "Zip", and "Name & Phone Number of Person Who Provided Information Necessary to Prepare This Form". The "Continue" button is highlighted in blue. The browser's taskbar at the bottom shows various application icons and the system clock indicating 1:31 PM on 6/6/2017.



# C2 Form has been successfully submitted



# Print C2 Form

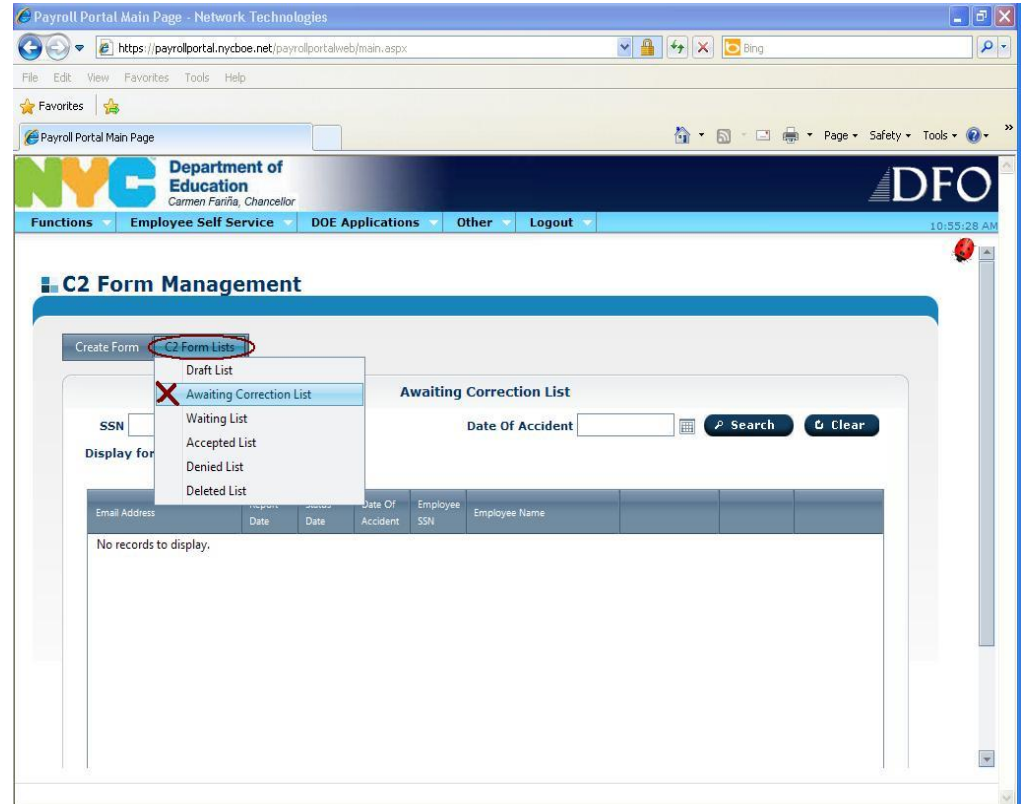


The screenshot shows a web browser window displaying the NYC Department of Education Payroll Portal. The page title is "Payroll Portal Main Page". The URL in the address bar is "http://10.2.27.26/payrollportalweb/Main.aspx". The page features a navigation bar with the following links: Functions, Employee Self Service, DOE Applications, Other, and Logout. The main content area is titled "C2 Form Management". A dropdown menu is open under the "C2 Form Lists" tab, showing the following options: Draft List, Awaiting Correction List, Waiting List, Accepted List, Denied List, Deleted List, and Print Form. The "Print Form" option is highlighted. Below the dropdown menu, there is a red alert message that reads: "ALERT - NEW CHANGES". The alert text states: "The C2 form has been successfully submitted to the DOE Workers' Compensation Unit. You are responsible for mailing the C3, WCD 23 and Injured Employee Injury Report to the DOE Workers' Compensation Unit. Doctor's notes are to be mailed to the City of New York Law Department and must clearly indicate the employee's name, date of accident and carrier case number (if available)."

# Awaiting Correction List

“Awaiting Correction List” can be found under “C2 Form List”. If there is data missing or incorrect on the C2 form, the DOE WC unit will return the C2 form for your appropriate action.

- **SSN:** May search by employee’s social security number.
- **Email Address:** The person who submitted C2 form.
- **Report Date:** Date C2 form was first created.
- **Status Date:** Reflects date action was taken.
- **Date of Accident:** Date of injury.
- **Employee’s SS#**
- **Employee’s Name**



Payroll Portal Main Page - Network Technologies

https://payrollportal.nycboe.net/payrollportalweb/main.aspx

File Edit View Favorites Tools Help

Payroll Portal Main Page

NYC Department of Education  
Carmen Fariña, Chancellor

Functions Employee Self Service DOE Applications Other Logout

10:55:28 AM

### C2 Form Management

Create Form

- C2 Form Lists
- Draft List
- Awaiting Correction List**
- Waiting List
- Accepted List
- Denied List
- Deleted List

SSN

Display for

Awaiting Correction List

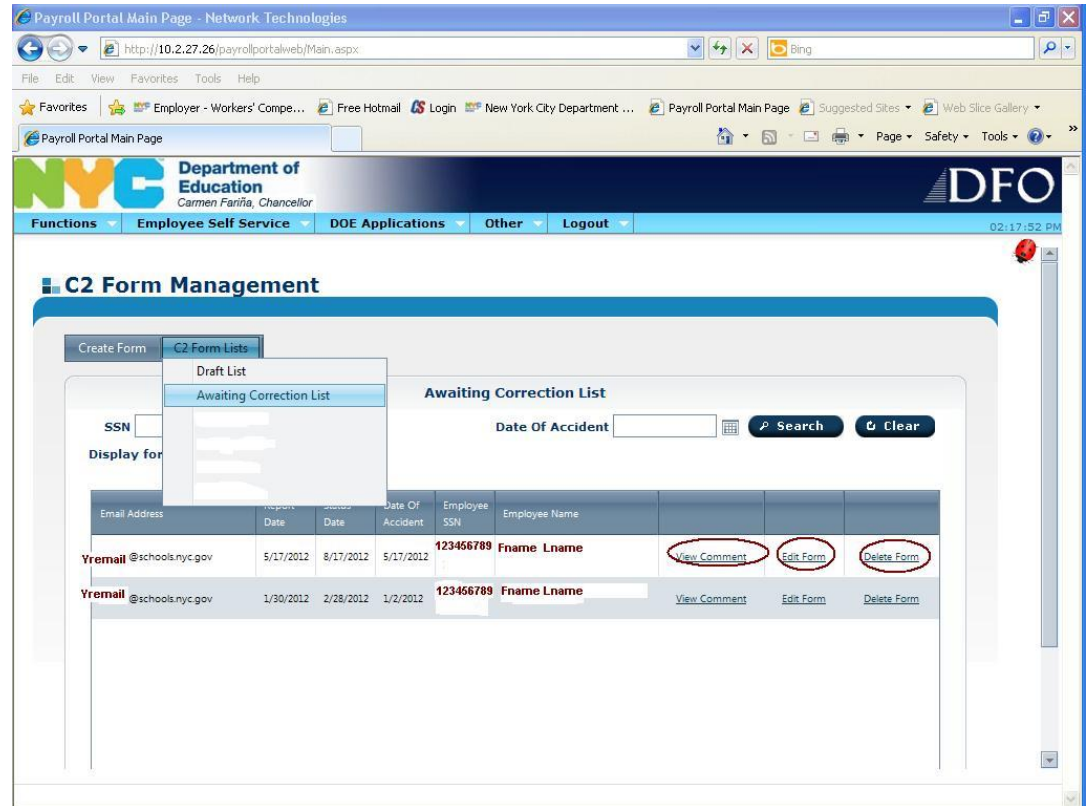
Date Of Accident

Search Clear

Email Address	Report Date	Status Date	Date Of Accident	Employee SSN	Employee Name
No records to display.					

# Awaiting Correction List *(cont'd)*

- **View Comment:** The reason why the C2 form was returned.
- **Edit Form:** Open C2 form to correct/add missing data.
- **Delete Form:** Delete C2 form.



Payroll Portal Main Page - Network Technologies

http://10.2.27.26/payrollportalweb/Main.aspx

File Edit View Favorites Tools Help

Favorites Employer - Workers' Compe... Free Hotmail Login New York City Department ... Payroll Portal Main Page Suggested Sites Web Slice Gallery

Payroll Portal Main Page

NYC Department of Education Carmen Fariña, Chancellor

Functions Employee Self Service DOE Applications Other Logout 02:17:52 PM

### C2 Form Management

Create Form C2 Form Lists

Draft List

Awaiting Correction List

SSN

Display for

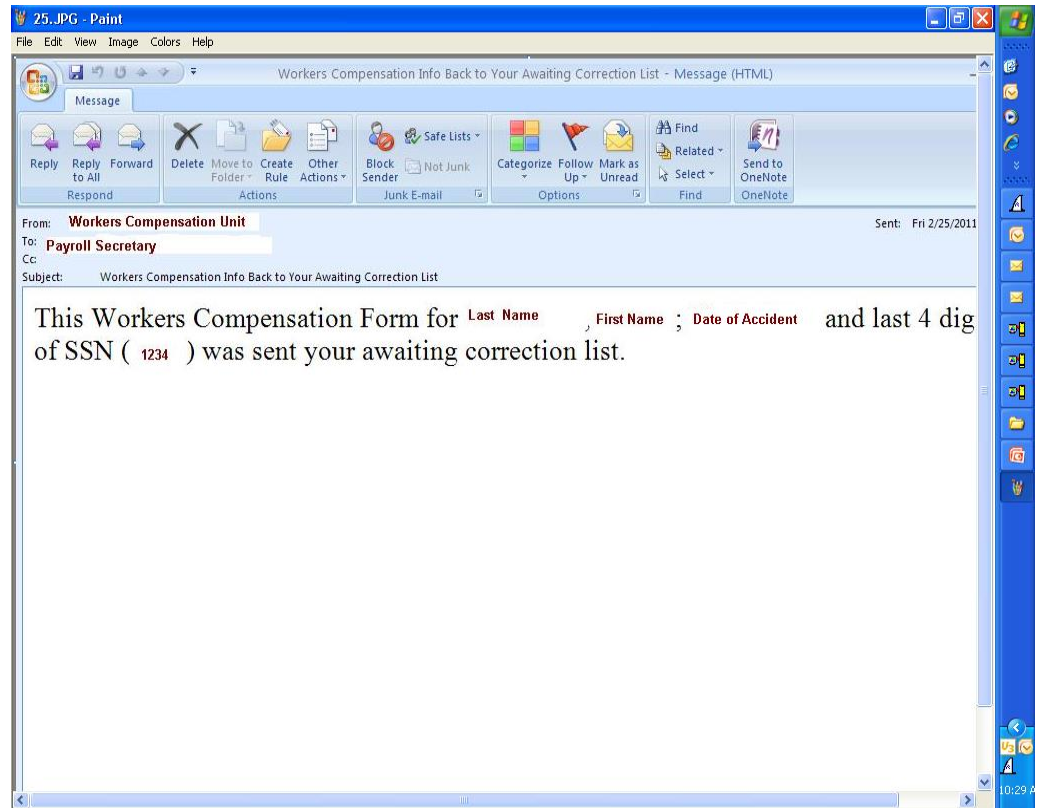
Date Of Accident

Search Clear

Email Address	Report Date	Second Date	Date Of Accident	Employee SSN	Employee Name			
Yremail@schools.nyc.gov	5/17/2012	8/17/2012	5/17/2012	123456789	Fname Lname	View Comment	Edit Form	Delete Form
Yremail@schools.nyc.gov	1/30/2012	2/28/2012	1/2/2012	123456789	Fname Lname	View Comment	Edit Form	Delete Form

# Awaiting Correction List (cont'd)

An email will be sent alerting the user that a C2 Form is in the “Awaiting Correction List”. This list should be reviewed periodically in the event that additional action is required on forms previously submitted.



# Confirmation

- Once the C2 form has been successfully submitted and reviewed by the DOE WC Unit, an email will be sent to the employer.
- **From:** Employee at the WC Unit assigned to the C2 form.
- **To:** Employer that submitted C2 form.  
The message will confirm receipt of C2 form displaying the following information:
- **Employee's name**
- **Date of Accident**
- **Social Security number** (last 4 digits only)

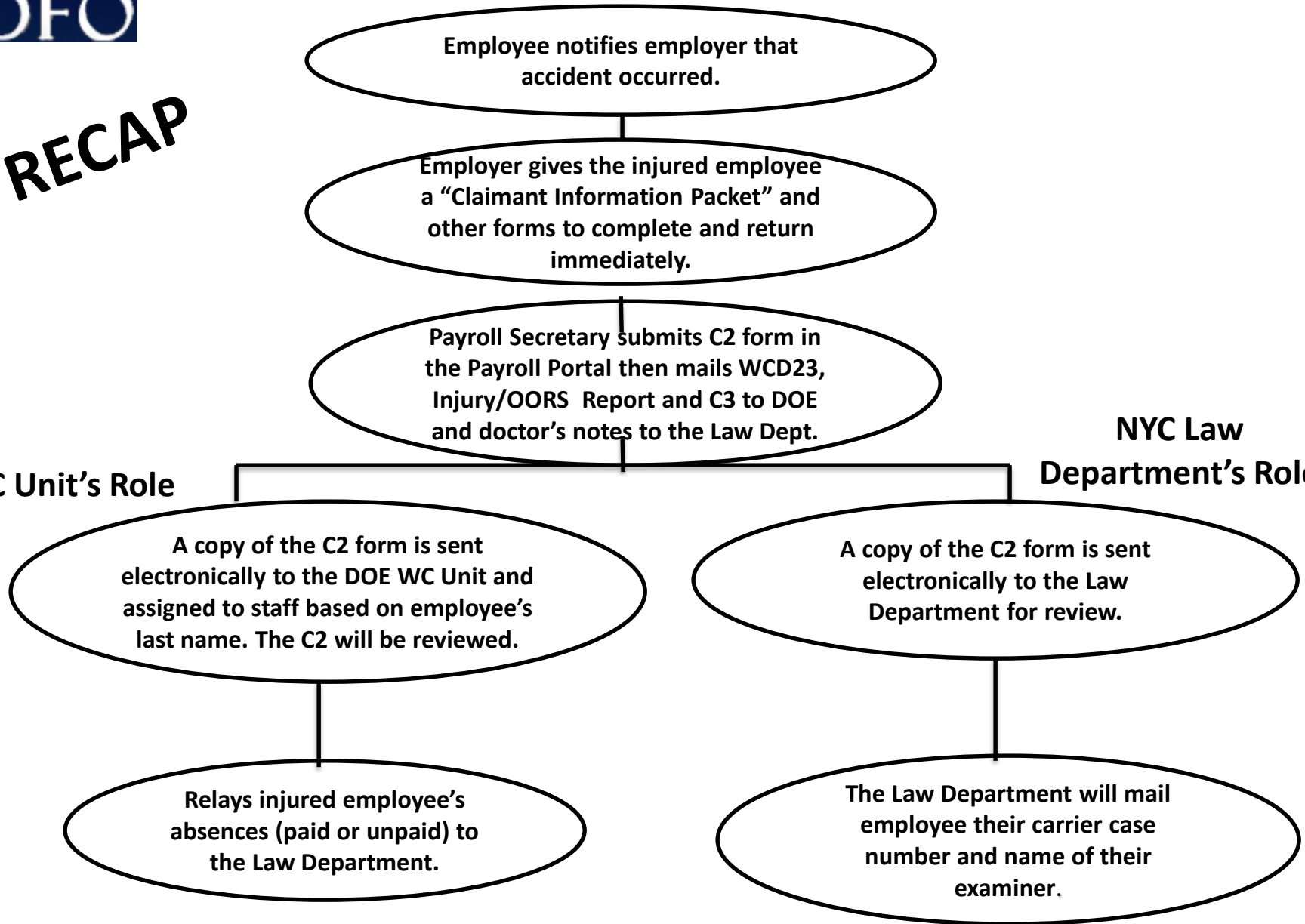
The email contains instructions regarding steps to be taken in the event that the employee returns to work, etc.

- **From:** C2 Form Application <[payroll.noreply@schools.nyc.gov](mailto:payroll.noreply@schools.nyc.gov)> **On Behalf Of WC UNIT STAFF**  
**Sent:** DATE ACCEPTED  
**To:** PAYROLL SECRETARY  
**Subject:** Workers Compensation C2Form Accepted
- The C2 form for **DOE, JANE**, (with last 4 digits of SSN (**0000**) ; **01/01/2000** has been reviewed and has been found acceptable, therefore, it has been sent electronically to the City of New York Law Dept. It is no longer necessary to mail the C2 form to the Law Dept. Mail a copy of the C3, WCD23 and OORS Report/Comprehensive Injury Report to the New York City Department of Education, Workers' Compensation Unit, 65 Court Street, Room 1400, Brooklyn, NY 11201. All doctor's notes are to be mailed to the New York City Law Department, Workers Compensation Division, 350 Jay Street, 9th floor, Brooklyn, NY 11201.
- To obtain a copy of the C2 form:
  - Log into the Payroll Portal
  - DOE Applications
  - C2 Form
  - From drop menu select 'Print Form'
- Please take note of Worker Compensation codes for timekeeping entries in order as follows:
  - 56/66B00 Non-Chargeable codes - used only up to the first 5 days of absence immediately following the date of injury
  - 51/61BWC Medically Certified Sick - If employee selects to use their accruals (CAR), after Non-Chargeable days are applied
  - 2WC/2WE Leave without Pay - If employee does not have or chooses not to use their accruals
- It is pertinent that you notify me when this employee has returned to work and/or absent again due to this injury. When doing so, include the employee's name, empl id/EIS and date of injury.  
You may contact me if you have any questions or concerns regarding Workers' Compensation at 718-935-2213.

# RECAP

## WC Unit's Role

## NYC Law Department's Role



Workers' Compensation Contact Information		
DOE Workers' Compensation Unit, Case Worker's Team		
65 Court Street - Room 1400, Brooklyn, NY 11201		
Telephone #: (718) 935-2213      Fax #: (718) 935-3329		
<a href="mailto:workerscomp@schools.nyc.gov">workerscomp@schools.nyc.gov</a>		
If employee's last name begins with ...	Case Manager	Telephone #
A - E	Shameka Robinson	(718) 935-2213
F - K	Chantrea Wright	(718) 935-2213
L - Q	Gisela Galviz Millan	(718) 935-2213
R - Z	Annie Hinton	(718) 935-2213
New York City Law Department, Workers' Compensation Division		
350 Jay Street, Brooklyn, NY 11201		
Index Unit: Assigns a carrier case # to employees following the submission of their C2 Form		
Name		Telephone #
Annette Santiago (Unit Supervisor)		(718) 724-5453
Lisette Salgado		(718) 724-5456
Althea Satenay (school lunch titles only)		(718) 724-5457
Index Unit Fax #:		(718) 724-5498



### Workers' Compensation Contact Information (cont'd)

<b>Examiner's Unit (Case Managers)</b>		
<b>If employee's last name begins with ...</b>	<b>Case Manager</b>	<b>Telephone #</b>
A - I	Elena Poliakov	(718) 724-5540
J - P	Costa Fikhman	(718) 724-5483
Q - Z	Alena Taustyka	(718) 724-5482
<b>Additional Support</b>		
<b>Case Manager (school lunch titles)</b>	Gennady Shilgold	(718) 724-5470
Unit Supervisor	Niveene Mikhail	(718) 724-5422
Assistant Supervisor	Irene Dukorsky	(718) 724-5469
Examiner's Unit Fax #:		(718) 724-5498
		(718) 724-5499
<b>Awards Unit (Restoration of vacation/sick time)</b>		
	Arlene Aikens	(718) 724-5435
<b>Law Department Managers</b>		
Deputy Director	Maria Ziccardi	(718) 724-5416
First Deputy Director	Wai Wu	(718) 724-5412
<b>New York Workers' Compensation Board</b>		
<b>(800) 877-1373</b>		

# PLEASE NOTE

All non-pedagogical titles are covered by workers' compensation. All injuries must be documented; regardless of the extent of the injury or whether there is any loss of time.

It is the employer's responsibility to file a C2 form through the DOE Payroll Portal at:

<https://payrollportal.nycboe.net/payrollportalweb/Main.aspx>.

Fines will be imposed by the New York State Workers' Compensation Board if the employer fails to submit the C2 form in a timely manner. To avoid penalties, the C2 form must be submitted six (6) days from the date of injury.

To receive access to, or for assistance with submitting the C2 form, call the DOE Workers' Compensation Unit at 718-935-2213.