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**WASHINGTON TOWNSHIP FIRE DISTRICT
TOWNSHIP OF WASHINGTON, GLOUCESTER COUNTY
NEW JERSEY**

Board of Fire Commissioners
P.O. Box 653
Turnersville, NJ 08012-0653

FIRE DEPARTMENT POLICY # 8 - 97

Fire Companies:
Grenloch
Hurffville
Whitman Square

regarding

**ESTABLISHING GROUND RULES FOR COMMISSION REIMBURSEMENT
OF LOST WAGES TO FIREFIGHTERS INJURED WHILE ON DUTY**


It is the policy of the Washington Township Board of Fire Commissioners to ensure that Fire Department personnel do not suffer the loss of wages due to injuries incurred while performing duties on behalf of the Fire District, including fire suppression, training, work details, and any other activities associated with Fire District sanctioned events. Should a situation arise whereby any Fire Department personnel are injured while performing such duties which, due to the injury, cause absence from work for one (1) day or more, but less than seven (7) calendar days and, lost wages due to that absence will not be reimbursed by an employer, the Fire Commission shall consider such period of lost time to be reimbursable subject to compliance with and execution of the following requirements:

1. The injured shall secure a signed statement prepared by the Hospital or Doctor stating that the injured individual was unable to work at his normal place of employment for the period shown [which shall be indicated by date(s)] because of injuries suffered while performing the specified duties on behalf of the Fire District.
2. The injured shall secure a signed statement prepared by his employer (on company letter head) that states that the employer will not reimburse the employee for the wages lost by the employee suffering an injury as described herein. The statement shall include a notation of the net wages, after deductions, that the employee would have been paid had he not been absent from his place of work during the term of his injury.
3. The injured shall secure a signed statement from the fire company Chief or his designee confirming that the injury was incurred while performing duties on behalf of the Fire District.
4. The Fire District Business Administrator shall review the statements required as described herein for completeness. Upon finding the statements to be complete, the Business Administrator shall submit a voucher, with the statements attached, for the net charge due to the injury to the Fire Commission for reimbursement. The voucher shall be prepared in the name of the injured, and shall be signed by the same as such. The Business Administrator shall sign in the area provided for authorization. Any statements found to be incomplete shall be returned to the injured for correction.

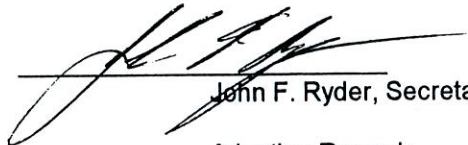
Reimbursement for lost wages in accordance with this policy shall not exceed the benefit which would normally be paid by the Fire District's insurer were the injury covered under Worker's Compensation.

This policy was adopted at a regularly scheduled meeting of the Board of Fire Commissioners on April 3, 1997.

BY:


Edwin L. Etschman, Chairman

Attest:


John F. Ryder, Secretary

Distribution:

Commissioners
Grenloch Fire Company
Whitman Square Fire Company
Hurffville Fire Company
Washington Township Firemen's Association

Adoption Record:

Original:	March 1, 1978
Revised:	May 3, 1978
Revised:	April 3, 1997