303 N. Church Street, Suite 201
Murfreesboro, TN 37130

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" APPEALS REQUEST

Phone (615) 898-7715
Fax (615) 713-3441

Information: If an employee disagrees with, disputes, or does not understand any determination regarding benefits, compensation or medical services decisions under the OJI policy the employee may request an On-the-Job Injury Benefit Review. The OJI Benefit Review must be requested by submitting this form within ten (10) calendar days following the employee's notification of the determination which is questioned or disputed.

Employee Name:		Date of Injury:	
Social Security No:		Work Location:	

Contact Information:

Home Address:		Home phone:	
		Cell phone:	

Issue being disputed (Please be specific):

Employee Signature: _____ Date: _____

Findings:

The above matter has not been resolved during the OJI Benefit Review. By my signature below I am appealing the decision to the OJI Appeals Committee. I understand I have ten (10) calendar days from receipt of the Safety Coordinator's decision. They will review any records, written materials, or oral and written statements submitted by or on my behalf. I also understand the Committee will notify me of its decision within thirty (30) calendar days and that the decision of the Committee will be final.
(Once signed this form must be returned to the Safety Coordinator within the required time limit).

Employee Signature: _____ Date: _____

Notes:

OJI EMPLOYEE APPEALS REQUEST