JOB DESCRIPTION

POSITION TITLE: Claims Support Clerk       JOB CODE: 474D
DIVISION: Human Resources                   SALARY SCHEDULE: Office Clerical/Technician Annual
DEPARTMENT: Support Services                WORK DAYS: 238
REPORTS TO: Supervisor, Risk Management    PAY GRADE: Rank 5 (NC05)
FLSA: Non-Exempt                           PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Provides claims support to Risk Management, workers compensation and liability claims
adjusters, in addition to providing secretarial support to the Supervisor of Risk Management.

REQUIREMENTS:
1. Educational Level: High School Diploma or GED required
2. Certification/License Required: None
3. Experience: 2 or more years of responsible clerical experience
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; telephone, public relations

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:
1. Demonstrates prompt and regular attendance.
2. Reduces medical bills to Georgia fee schedule, enters medical payments into the workers compensation claims
   handling system.
3. Reconciles checks with invoices to forward to medical providers and Financial Services.
4. Posts bi-weekly payroll for workers compensation light duty employees.
5. Inputs vehicle accident data on CCSD bus accidents into the Department of Education Pupil Transportation
   website and maintains log of entries as needed.
6. Inputs workers compensation claims in system.
7. Answers phones, serves as receptionist for office; opens, date stamps and routes mail and faxes.
8. Compiles and evaluates vendor information for approved charter bus carrier list and composes annual list.
10. Obtains employee data to prepare District response to unemployment claims.
11. Reviews and evaluates student site injury reports and conducts follow-up investigation for initial assessment of
    District liability.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________________________ Date ______________________

Signature of Supervisor _________________________________________ Date ______________________