

HOW TO REPORT WORK RELATED INJURIES

CLAIMS ARE MOST EFFECTIVELY RESOLVED WHEN REPORTED WITHIN 24 HOURS OF THE EMPLOYEE'S REPORT OF INJURY.

Step 1

Once an injury has occurred, our first priority is to obtain appropriate medical care for the employee as needed. Medical care must be offered as soon as possible; however, an employee has the right to refuse treatment. (If the employee refuses medical treatment, ensure that they note that in the appropriate spot on the Employee Report of Injury/Illness Report.) At the discretion of the department, the employee may be sent for drug testing, even when treatment is declined. In cases where there has been damage to University property, drug testing is mandatory. Contact Human Resources for guidance.

NOTE: Employees should be advised that any bills related to their on-the-job injury received at their home should be brought to HR for submission to our third-party administrator, Consolidated Benefits Resources (CBR).

Step 2

Complete all appropriate claim forms and submit to HR within 24 hours of the accident.

CLAIM FORMS TO BE UTILIZED WHEN AN INJURY OCCURS

All Injuries/Work-Related Illnesses:

EMPLOYEE AND SUPERVISOR REPORTS OF OCCUPATIONAL INJURY OR ILLNESS FORMS

The Employee Report and the Supervisor Report must ***each*** be completed by the employee and the appropriate supervisor/manager on the day the injury occurs. If the injury results in the need for immediate medical attention, please have the employee complete his/her form when physically capable and then forward to HR. The Supervisor Report must be completed and signed by the appropriate supervisor on the day of injury/day of the report of injury, and forwarded to HR as soon as possible. (These forms should be used to document an incident regardless of whether medical treatment is required.)

Injuries Where Medical Treatment Is Provided:

MEDICAL CARE AUTHORIZATION FORM.

This form is used when the injured worker needs medical treatment away from the work site. Please complete the top portion and send the form with the injured worker to the medical provider. The medical provider should complete the lower portion of the form and return it to the employee or send to HR.

INJURED WORKER FIRST FILL PRESCRIPTION FORM.

This form is available through HR, and may be completed and provided to the worker when they are sent for treatment, or afterward as needed. This provides authorization to dispense up to a 10-day supply of medications if prescribed by the workers' compensation doctor.

WITNESS/CO-WORKER STATEMENT.

This form should be completed by any person(s) who witness the injury. This form is most useful on serious injuries as it documents who witnessed the incident or was involved in the incident.

CONSENT AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

This form speeds up payment of medical bills and is required to obtain medical records.

MEDICARE SSDI QUESTIONNAIRE

All injured employees should complete and sign.

SICK/ANNUAL LEAVE ELECTION FORM

This form allows the opportunity for the injured worker to supplement their workers' compensation benefits by using a pro-rated portion of their accrued sick/annual leave time.