

# WORKERS' COMPENSATION REPORTING PROCESS

## OVERVIEW

Human Resources provides information to employees about the State's Workers' Compensation benefits and satisfies the requirements for filing Workers' Compensation claims with the State and Keenan & Associates, the District's current Workers' Compensation Claims Administrator. Correspondence and communication regarding a filed claim and benefits is primarily conducted directly between the Claim Administrator and the employee.

The District accommodates employees needing to return to work in a temporary modified job duties capacity. If an employee is eligible for participation in the Modified Duty Return to Work Program, HR maintains communication with the employee, the department, and Payroll regarding pay status, additional benefits and leave entitlements, and any other related issues that arise.

Within five (5) days of the *District's (i.e., supervisor)* knowledge, any employee work-related injury or illness that requires either 1) lost time beyond the date of incident, or 2) medical treatment beyond first aid must be reported to the State. It is critical that this process and related documentation be completed and submitted as outlined in the PROCEDURES below:

## SCOPE & DEFINITIONS

Any individual working in the capacity of an employee (EE) and who incurs an injury or illness *because of the job* is entitled to Workers' Compensation (W/C) benefits; however, an EE is not necessarily entitled to W/C benefits simply because the illness or injury *occurred on* the job.

W/C benefits consist of payment of medical care, temporary disability, permanent disability, vocational rehabilitation, job displacement, and death benefits. Any EE who incurs a work-related injury or illness requiring medical treatment or absence from work, must complete the W/C claim form for access to W/C benefits.

## RELATED & REQUIRED INJURY/ILLNESS REPORTING:

The Hartnell Injury and Illness Prevention Program (HIIPP) is administered by the Safety Coordinator (Director of Facilities and Maintenance) with the intent to "prevent and to minimize the probability of injury and illness to workers, students, and visitors and to comply with State, Federal, and Local health and safety codes, standards, and regulations." Any worker or employee injury or illness incurred while at work, or allegedly because of work, should be reported as indicated on page 32 of the HIIPP.

SEE FOLLOWING PAGE 2 FOR PROCESS AND PROCEDURES

## **PROCESS AND PROCEDURES:**

1. **Employee** (EE) reports the accident, injury or illness to his/her Department.
2. **Supervisor** assesses the situation and identifies if First Aid or other treatment will be sought by the EE.
3. **Supervisor** provides the EE with the following informational materials:
  - [W/C New Hire Pamphlet](#)
  - [How to File a Claim](#)
4. **Supervisor** notifies HR and the Safety Coordinator of the accident, injury, or illness by completing and submitting the following form:
  - [Accident/Injury Reporting Form](#)

This form is ALWAYS completed, regardless of whether medical attention is received or absence from work is required and Workers' Compensation benefits are necessary.

    1. **Supervisor** completes the form, providing any additional information useful in determining the cause(s) of the incident/injury/illness.
    2. **EE** assists in completion of the form if requested by the Supr.
    3. **Supervisor** provides a photocopy of completed page 2 to the Safety Coordinator (Director of Maintenance and Operations)
    4. **Supervisor** submits the completed original to HR.
5. If the EE will be seeking First Aid or medical treatment, the **Supervisor** calls HR (ext. 6706) to verify the EE's designated doctor. EEs seeking medical treatment or absence from work should be directed to their **designated doctor**, or a **panel provider**, for treatment and verification of temporary disability. **Supervisor** notifies HR, in writing, by submitting the following form:
  - [DWC Form 1 \(Claim Form\)](#)
    1. **Supervisor** completes lines #1, #11, #12, #16 & #17 \*
    2. **EE** immediately completes the lines #2 – #8
    3. **Supervisor** provides a photocopy of the completed form to the EE.
    4. **Supervisor** submits the completed original form to HR.

\*Note: If the EE *cannot* immediately complete the [DWC Form 1 \(Claim Form\)](#):

    - a) **Supervisor** sends a photocopy of the *partially* completed form to HR, pending form completion (*DWC Form 1*, step 1, must be completed).

*CAUTION: Certain benefits may be denied if a completed claim form is not submitted in a timely manner.*
6. *IF* EE seeks medical treatment or must be absent from work, **EE must** provide Supervisor a doctor's note upon return to work. The Supervisor forwards the doctor's notes to HR.

### **Resources:**

- ↗ [W/C New Hire Pamphlet](#)
- ↗ [How to File a Claim](#)
- ↗ [Accident/Injury Reporting Form](#)
- ↗ [DWC Form 1](#)