



CLAIM MANAGEMENT FORMS TO BE UTILIZED WHEN AN INJURY OCCURS

Forms to be completed and submitted to HR for ALL on-the-job injuries:

REPORT OF OCCUPATIONAL INJURY OR ILLNESS – To be completed by the supervisor or department head the day of an incident.

(This form may be used to identify safety measures which could be implemented to avoid similar incidents or this form may be used to document an incident which requires no immediate medical treatment but may require such treatment in the future.)

EMPLOYEE'S REPORT OF WORKERS' COMPENSATION INJURY – To be completed by the employee on the day of the incident.

This form is used to document an incident regardless of whether or not medical treatment is required. The notation at the bottom of the form must be marked if initial treatment is declined by the employee.

WITNESS/CO-WORKER STATEMENT – To be completed by the any witnesses on the day of the incident. This form is most useful on serious injuries to document who witnessed the incident or was involved in the incident.

Additional forms to be completed and submitted to HR for all injuries requiring medical treatment and/or time off work:

MEDICAL CARE AUTHORIZATION FORM – To be completed by the supervisor or department head or a representative of HR. This form is used when the injured worker needs medical treatment away from the work site. If immediate medical attention is required, the supervisor may complete the top portion of the form and send it with the injured worker to the medical provider. Where immediate treatment is not required, Human Resources will arrange an appointment with our designated provider. Wherever possible, treatment for on the job injuries should be given within three days of the incident. This form will be completed by HR and sent to the medical provider with the employee. The medical provider should complete the lower portion of the form and mail it to CBR.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION – To be completed by the employee on the day of the incident or as soon as possible thereafter. This form must be completed by the employee in the event that the injury is turned in to our Workers Comp management organization. It allows them to obtain the medical documentation needed to process a claim for benefits.

WORKERS' COMPENSATION SICK/ANNUAL ACCRUED LEAVE ELECTION FORM – To be completed by the employee on the day of the incident or as soon as possible thereafter. Employees may elect to use earned leave balances to augment workers' compensation benefits as allowed by law. This form advises the University of the employees' wishes in this regard, and authorizes the use/non-use of earned leave for this purpose.

COMPLETED FORMS SHOULD BE TURNED IN TO HUMAN RESOURCES IN ROOM A-115 AS SOON AS POSSIBLE AFTER AN INJURY OCCURS. HR WILL FORWARD ALL MATERIALS TO CBR.