

INCIDENT/INJURY FLOWCHART

Employee Reports a Work Related Injury/Illness

Injury Did Not Result In A Visit To A Doctor And/Or A Missed Full (1) Day Of Work*

Classified as an "Incident" Report

Supervisor gives employee "Employee's Report of Incident Only" form.

Employee completes form describing the injury/illness.
 • Submits to supervisor within 24 hours

Supervisor investigates accident and completes the Supervisor's Report, form RM-39. Additional info is submitted in memo form.
 • Supervisor retains form until follow-up

Two days after the reported illness/injury the supervisor contacts the employee and checks his/her status.

If employee has seen, or needs to see, a doctor or has missed time as a result of the illness/injury, supervisor begins the injury/illness workers' compensation procedure.

If the employee has not seen a doctor or missed time due to his/her injury/illness no other action is required. Supervisor submits RM-39, additional memo, if one exists, and the Employee's Report of Incident Only form to payroll clerk.

Injury Did Result In A Doctor's Visit And/Or A Missed Full (1) Day Of Work*

Classified as an "Injury Claim"

Supervisor notifies Payroll Clerk immediately.

Supervisor within 24 hours of knowledge of injury/illness, completes lines 11, 12 and initials line 16 of DWC-1 form (makes and retains a photocopy) and provides Notice of Potential Eligibility form.
 • Form given to employee immediately

Employee begins DWC-1. Completes lines 1-8 (keeps the goldenrod copy).
 • Form returned to supervisor immediately

Employee completes & signs Medical Authorization Form.
 • Submits form to their supervisor immediately

Supervisor completes the DWC-1, lines 9-18. (gives employee the pink copy).
 • Submit to payroll clerk immediately and includes the signed Medical Authorization Form

Supervisor Investigates injury/illness & completes RM-39.
 • Submit to payroll clerk immediately

If the employee misses ANY work time as a result of an on-the-job injury, the employee must provide doctor's authorization for lost time to his/her supervisor.

FOLLOW-UP RESPONSIBILITIES

EMPLOYEE

Supply supervisor with documentation having to do with injury/illness. **This includes:** Recommendations for time off; Authorization to Return To Work; Work Restrictions; Any Medications that could have an effect on employee's ability to work safely.

Employee is responsible for keeping his/her supervisor informed of his/her work status. This includes notifying supervisor of the return to work date.

SUPERVISOR

Notify payroll clerk immediately of any missed time by the employee due to the injury/illness
NOTIFY PAYROLL CLERK IMMEDIATELY OF ALL "LEAVES FROM", AND "RETURNS TO" WORK.

Supervisor maintains contact w/ the absent employee at regular intervals. Supervisor updates payroll clerk of the employee's status.

* The day of the injury does not count as a MISSED day. It should be coded REG on the employee's timesheet.

DWC-1 Employee's Claim for Workers' Compensation Benefits (State Form).

RM-39 Supervisor's Report on Employee's Workers' Compensation Claim