

# REPORTING WORKERS COMPENSATION CLAIMS

## SUPERVISOR CHECKLIST

**Supervisor** is responsible for the information on the "EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE." The Supervisor's name should appear in #9; the supervisor signs the bottom of the form. (This form can be typed, or completed by hand if printed.)

**This form must be completed regardless of whether or not the employee has completed the "Employee's Report of Injury."** A supervisor who is informed of an injury either verbally or in writing is required to follow-up with the employee and gather as much information as possible. The report must be submitted to Human Resources within 48 hours of the date of injury. Please complete ALL the questions on the form.

**Employee** completes "EMPLOYEE'S REPORT OF INJURY"

**Report lost time injuries** to Human Resources **immediately** via telephone (extension 3017).

Medical certification verifying the absence must be obtained by the injured employee and submitted with/attached to the request for Injury Leave. (This includes lost time or medical appointments, such as therapy, doctor, x-rays, etc.)

When an employee submits a leave slip for a work-related injury, or requests leave to attend a medical appointment for a work-related injury, the following must be placed in the Remarks Box:

1. The supervisor's printed name
2. The supervisor's signature
3. The date of injury

**Immediately forward the leave slip along with supporting medical documentation to the Human Resources Office for approval, Attention: Deb Pizzola.**

(Do not send to Payroll)