Supervisor Workers' Compensation Checklist

Please note: Although the following items need to be completed, they do not necessarily have to be completed in the order presented.

_____ Seek medical treatment for the employee, if needed, at Gritman Medical Center or other facility. If the injury is serious or involves loss of consciousness, call 911. Address immediate hazards.

_____ Obtain a copy of the written work-release the injured employee must obtain from the medical provider that describes his/her ability to return to work, required or recommend work restrictions, etc., before allowing them to resume working.

_____ Ensure Environmental Health and Safety has been notified that a work-related injury has occurred and that a Report of Injury and Claim for Benefits form has been completed as required for a workers' compensation claim to be filed on the behalf of the injured employee.

_____ Complete and return the Supervisor's Accident Report form within one week of receipt from Environmental Health and Safety, campus zip: 2030. If you have questions about this form, or need assistance to determine appropriate corrective actions that can be taken to prevent similar accidents/injuries from occurring, please contact Environmental Health and Safety, 885-6524.

_____ Notify department timekeeper of injury / medical updates and, *if injury-related time loss or restricted-duty occurs, ensure it is properly noted on the employee's bi-weekly timesheet* and submit to Payroll / Benefits Services. Additional information and forms may be obtained from Payroll / Benefits Services.

_____ Establish a contact schedule with your employee for bi-weekly updates if time loss or restricted-duty is anticipated or occurs.

_____ Ensure medical information and releases are copied and sent to
Payroll / Benefits Services
FAX: (208) 885-3330
Campus Zip - 4345

_____ For return to work opportunities and policy issues
Contact Payroll / Benefits Services, (208) 885-3697

IF YOU HAVE ANY QUESTIONS REGARDING WORKERS' COMPENSATION BENEFITS, TIME LOSS, RESTRICTED-DUTY, OR RETURN-TO-WORK POLICY ISSUES, PLEASE CONTACT PAYROLL / BENEFIT SERVICES, (208) 885-3697

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