

Supervisor

Workers' Compensation (WC) Packet

-To be followed by the supervisor of the injured or ill employee-

The **Supervisor Workers' Compensation (WC) Packet** should be followed if your employee experiences a work-related injury or illness. The following documents are included in this Packet and should be used jointly:

- **Supervisor WC Checklist**
- **Supervisor WC Guidelines**

The documents in this Packet are supplemental to the **WC Flow Chart** (found on the Workers' Compensation webpage).

The **Injured Employee WC Packet** can be found on the Workers' Compensation webpage.

Please contact the WC Rep at 972-883-4111 or WorkersCompensation@utdallas.edu to report an injury, ask a question regarding your employee's injury, or notify the WC Rep that your employee has missed time because of their work-related injury or illness.

Supervisor Workers' Compensation (WC) Checklist

-To be followed by the supervisor of the injured or ill employee-

Your Name: _____

Name of Employee: _____

Date of Work-Related Injury/Illness: _____

Notice to Supervisor:

- Pay very close attention to the reports forms you must submit and to the timelines indicated.
- Since the WC Representative (WC Rep) is responsible for electronically submitting information provided by supervisors within the established timelines, full cooperation is expected from each supervisor.
- UTD can be fined up to \$25,000 for every report form that is not received by the Division of Workers' Compensation within specific timelines that have been established by law. A fine of \$25,000 can be assessed against UTD for each and every violation. Please be aware that every fine received by UTD for failure to submit any of these reports in a timely fashion may be passed along to the program that failed to submit the required information to the WC Rep.

Follow this Checklist if your employee experiences a work-related injury or illness. It is supplemental to the **WC Flow Chart and **Supervisor WC Guidelines**.**

Notify the WC Rep immediately if your injured employee misses one or more days because of their work-related injury/illness at any time during this process.

1. Injury Occurs

2. Assess Employee's Condition

Date Completed:

Immediately assess your employee's condition and ask if he or she needs medical treatment. If immediate treatment is needed, arrange for treatment FIRST, and then follow the steps below.

3. Obtain Information about Incident

Date Completed:

Gather as much information as possible about the injury and the circumstances that led up to the injury from your employee and any witnesses.

4. Contact EHS- Workers' Compensation

Date Completed:

Call 972-883-4111 and give a verbal report of the Workers' Compensation injury. The WC Rep will help you:

- Locate the necessary forms on the Workers' Compensation webpage
- Identify the next steps that you and the injured employee should take

5. Ensure Injured Employee Completes the Employee's

Date Completed:

Supervisor Workers' Compensation (WC) Checklist

-To be followed by the supervisor of the injured or ill employee-

Report of Injury Form

Your injured employee needs to complete the **Employee's Report of Injury** as soon as possible and give it to the WC Rep – preferably within 24 hours of the incident. This form can be found:

- At this link: [Employee's First Report of Injury](#)
- On the Workers' Compensation website
- From The WC Rep

6. Complete the Supervisor's Investigation Form and fill out the First Fill prescription form

Date Completed:

Complete the **Supervisor's Investigation Form** as soon as possible and give it to the WC Rep - preferably within 24 hours of the incident. This form can be found:

- At this link: [Supervisor's Investigation Form](#)
- On the Workers' Compensation website
- From the WC Rep

You should have received a **First Fill prescription form** after your initial call to the WC Rep. Fill out the form using the instructions provided on the form and give it to your employee. This form should be used by your injured employee if their doctor prescribes them medication.

7. Ensure All Witness(es) Complete(s) the Accident Witness Statement

Date Completed:

If anyone witnessed the incident, they need to complete an **Accident Witness Statement** and give it to the WC Rep – preferably within 24 hours of the incident. This form can be found:

- At this link: [Accident Witness Statement](#)
- On the Workers' Compensation website
- The WC Rep

8. Submit completed reports to the WC Rep

Date Completed:

Work with your employee to submit the **Employee's Report of Injury**, **Supervisor's Investigation Form**, and **Accident Witness Statement** via one of the methods below:

- Email the forms to WorkersCompensation@utdallas.edu
- Fax the forms to 972-883-6115

9. Assist your employee in seeking medical treatment

Date Completed:

Your injured working can seek treatment from any of UT Dallas' network physicians. Make sure your employee picks a network physician. Once a physician is selected, coordinate with your employee to notify the WC Rep about which physician the employee will be seeking treatment from. Tell your employee to take the following items with them to the physician:

- Their UT Dallas Comet Card
- The completed **First Fill prescription form** (you should have filled out this form in **Step 6**).

Supervisor Workers' Compensation (WC) Checklist

-To be followed by the supervisor of the injured or ill employee-

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> 10. <u>Make sure your employee can pick up a prescription</u> | Date Completed: |
| <p>Your employee should use the First Fill prescription form to obtain their initial prescription if one was prescribed to them by their doctor (you should have filled out this form in Step 6). If there are any problems or questions regarding the prescription, please contact the WC Rep.</p> | |
| <input type="checkbox"/> 11. <u>Get a copy of your employee's Initial Work Status Report</u> | Date Completed: |
| <p>Your employee will receive a Work Status Report (DWC-73) from their physician. Make sure you get a copy of this report from your employee. Work with your employee to send a copy of the Work Status Report (DWC-73) to the WC Rep via one of the methods below:</p> <ul style="list-style-type: none">• Email the forms to WorkersCompensation@utdallas.edu• Fax the forms to 972-883-6115 | |
| <input type="checkbox"/> 12. <u>Notify WC Rep if Your Employee Takes Physician-ordered Time Off Work</u> | Date Completed: |
| <p>If your employee's physician orders them to stay off work because of their work-related injury or illness, complete the following:</p> <ul style="list-style-type: none">• Get a copy of the Work Status Report (DWC-73) from your employee (they should have a copy from their physician) that reflects the doctor's order for them to stay off work (refer to Step 11)• Work with your employee to send a copy of the Work Status Report (DWC-73) to the WC Rep (refer to Step 11)• Make sure your employee complete a Request for Paid Leave (WCI-23). Employees must first exhaust sick leave before using any other kind of leave. Once their sick leave has been exhausted, they may then choose to use other leave in lieu of receiving Temporary Income Benefits (TIBs). Work with your employee to submit the form <u>within 24 hours after they begin to miss time from work.</u>• Notify your employee that they need to keep you and the WC Rep <u>regularly</u> informed while they are off work. | |
| <input type="checkbox"/> 13. <u>Evaluate Employee's Physician-ordered Work Restrictions</u> | Date Completed: |
| <p>If your employee has been released by their physician to return to work with restrictions, you will need to determine whether you will be able to accommodate him/her. To determine if you will be able to accommodate him/her, complete the following:</p> <ul style="list-style-type: none">• Review a copy of your employee's Work Status Report (DWC-73) that reflects the physician-ordered restriction(s) <p>(continued on next page)</p> | |

Supervisor Workers' Compensation (WC) Checklist

-To be followed by the supervisor of the injured or ill employee-

(continuation of Step 13)

- Determine if there are duties within your department that can be modified to meet your employee's restriction(s). Refer to the UTD Return to Work Policy D4-175.0 in the Policy and Procedures Manual for more details about how the Return to Work Program works
- Call the WC Rep to discuss whether or not you will be able to offer your employee modified-duty as soon as possible

If you are able to offer the employee a modified work assignment that meets their restriction(s), the WC Rep will work with you to create a **Bona Fide job offer** for your injured employee. *Accepted Bona Fide job offers will be reevaluated after each doctor's appointment to verify that it still meets the employee's current physician-mandated restrictions.*

If you are not able to offer the employee a modified work assignment that meets their restriction(s), the injured employee may be able to work in a host department. The WC Rep will provide more information if necessary.

14. Stay updated on your employee's follow-up appointments

Date Completed:

Some injured employees may be required by their physician to attend follow-up appointments. After each appointment, the employee's physician will provide them with an updated **Work Status Report (DWC-73)**. Just like in **Step 11**, make sure you get a copy of this report from your employee. Work with your employee to send a copy of the **Work Status Report (DWC-73)** to the WC Rep via one of the methods below:

- Email the forms to WorkersCompensation@utdallas.edu
- Fax the forms to 972-883-6115

If your employee has any follow-up appointments ordered by their physician during work hours, they will be required to use their accrued leave (sick, vacation, or compensatory time).

15. Employee Returns to Full Duty

Date Completed:

Your employee can only resume their regular duties if their physician releases them to return to work without restrictions. Before your employee can perform their regular duties, the following must be completed:

- Obtain a copy of the **Work Status Report (DWC-73)** from the employee's physician that reflects their ability to return to full duty
- Work with your employee to send a copy of the **Work Status Report (DWC-73)** to the WC Rep
- Tell your employee they can resume their regular job duties. Their **Bona Fide job offer** will be considered null and void on the day they are released by their physician to return to work without restrictions.

Supervisor Workers' Compensation (WC) Guidelines

-To be followed by the supervisor of the injured or ill employee-

Name of Employee: _____
Date of Work-Related Injury or Illness: _____
Description of Injury or Illness: _____
Location Where Injury or Illness Occurred: _____

These Guidelines should be followed if your employee experiences a work-related injury or illness. They are supplemental to the [WC Flow Chart](#) and [Supervisor WC Checklist](#).

1. Occurrence of Injury

The work-related injury or illness occurs.

2. Determine the severity of the injury

If the injury is minor and can be treated with first aid provided by either the employee or the employee's department, the injury is not life threatening. Such an injury can be treated at a network clinic. Proceed to **Step 3**.

2a. If the Injury is Severe: If the injury cannot be treated with first aid and requires immediate medical attention, the injured employee may consider going to the ER or a network clinic. The injured employee should immediately notify their supervisor if the injury requires immediate medical attention. Supervisors should then notify the WC Representative (WC Rep) at 972-883-4111.

3. Notify Supervisor

Injured employees must notify their supervisor immediately regarding when, where, and how their job-related injury or illness occurred.

4. Notify the Workers' Compensation Representative (WC Rep)

The supervisor and/or injured employee must notify the WC Rep as soon as possible at 972-883-4111. The WC Rep will help you locate forms that need to be completed, provide helpful resources, and identify the next steps that should be taken.

Supervisor Workers' Compensation (WC) Guidelines

-To be followed by the supervisor of the injured or ill employee-

5. Complete the Employee's First Report of Injury

The injured employee should complete the **Employee's First Report of Injury** form as soon as possible - preferably within 24 hours of the incident. A copy of this form can be found here.

6. Complete the Supervisor's Investigation Form and First Fill prescription form

The injured employee's supervisor should complete the **Supervisor's Investigation Form** as soon as possible – preferably within 24 hours of the incident. A copy of this form can be found here.

The supervisor should also fill in the **First Fill prescription form** for the injured employee. This form is used by the employee to pick up prescriptions that may be prescribed by the treating physician. The supervisor should provide a completed **First Fill prescription form** to the injured employee before the employee seeks medical treatment.

7. Witness(es) complete Accident Witness Statement

Proceed to **Step 8** if no one witnessed the injury occur.

7a. If there was a Witness: If someone witnessed the injury occur, they should complete the **Accident Witness Statement** as soon as possible – preferably within 24 hours of the incident. A copy of this form can be found here.

8. Submit complete forms to WC Rep

The injured employee and their supervisor will work together to submit the completed **Employee's First Report of Injury**, **Supervisors Investigation Form**, and **Accident Witness Statement** (if applicable) via email to WorkersCompensation@utdallas.edu or fax to 972-883-6115.

9. Seek Medical Treatment

If the injured employee needs medical care because of their work-related injury or illness, they must choose a doctor from the [list of network physicians](#) in the [IMO Med-Select Network](#). Call the WC Rep at 972-883-4111 for assistance in finding an appropriate physician.

Before going to network-approved doctor or clinic, the injured employee must contact the WC Rep by calling 972-883-4111 and identify the location they will be going to for medical treatment. The WC Rep will then contact the doctor/clinic to provide a written or verbal

Authorization to Provide Services. The treating provider may also call these numbers for verbal authorization.

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Injured employees should take their UT Dallas Comet Card and complete **First Fill prescription form** (completed by supervisor) with them when they go to the doctor/clinic. Injured employees are not required to submit a copayment for their medical treatment by any clinic or physician offering treatment for a work-related injury or illness.

10. Filling/Picking up Prescriptions- Using the First Fill program

To pick up a physician-ordered prescription medicine, the injured employee must have a completed **First Fill prescription form** (completed by supervisor) with them.

10a. If the physician prescribes a prescription: Injured employees must present the **First Fill prescription form** to a [pharmacy provider](#) to obtain their initial prescription. The **First Fill prescription form** will act as the employee's temporary workers' compensation prescription card until they receive a permanent card via mail. The **First Fill prescription form** must be used within 7 days of the injury.

Over-the-Counter Medication Reimbursement

If the employee's physician orders an over-the-counter medication for them, a copy of the doctor's original handwritten script and receipt for payment is required in order for reimbursement to be considered. Injured employees may bring their payment receipt and original handwritten script to the WC Rep, who will then submit them to UT System. UT System personnel will mail the employee's reimbursement check to their home address that is reflected on the **Employee's First Report of Injury**.

Reimbursement For Medical & Pharmacy Services

Injured employees may tell all medical and [pharmacy providers](#) that used treat their work-related injury to send their bills directly to UT Dallas' insurance carrier at:

The University of Texas System c/o CCMSI
Cannon Cochran Management Services, Incorporated
PO BOX 802082
Dallas, TX 75380

Toll Free: 888-396-6844
Fax: 972-386-7918
Email: wci-web@utsystem.edu

If the injured employee is required by the medical or pharmacy providers to pay for their services at the time of service, please contact the WC Rep at 972-883-4111 for information on reimbursement from UT System. Employees must present their original payment receipts in order for their request to be considered for reimbursement.

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11. Submit Initial Work Status Report

After the employee's initial medical visit, the physician will provide them with a **Work Status Report (DWC-73)**. The injured employee must provide a copy of this form to their supervisor and WC Rep. All physician-ordered work restrictions for the employee will be identified on the **Work Status Report (DWC-73)**.

12. Physician-ordered Time Off Work

Physicians may order an injured employee to take some time off work to ensure that they properly heal from their injury. If an injured employee is told by their physician to take one or more days off from work, see **Step 12a** below. If they are not told to take one or more days off from work, move on to **Step 13**.

12a. If the physician orders the employee to take time off work: If the employee's physician orders them to take off work because of their work-related injury or illness, the injured employee is responsible for notifying their supervisor and WC Rep as soon as possible. The employee must also complete, sign, and submit a **Request for Paid Leave (DWC-23)** to the WC Rep within 1 day of them beginning to miss time from work. Submitting this paperwork on time ensures that UT System Workers' Compensation Claims Adjuster manages your lost time claim appropriately. Contact the WC Rep for a copy of this form.

The **Work Status Report (DWC-73)** that should have been submitted in **Step 11** will reflect the physician's orders for the employee to stay off work.

It is important that the injured employee call their supervisor on a regular basis while they are off work because they are still subject to UT Dallas Policies and Procedures.

Request for Paid Leave (DWC-23) Details

If the injured employee chooses to use paid leave, then they must first exhaust sick leave. Once their sick leave has been exhausted, they may then choose to use one or more weeks of other leave in lieu of receiving Temporary Income Benefits (TIBs). Prior to making an election concerning the use of accrued leave, please be advised that although there is a seven (7) day waiting period where TIBs are not payable, should disability extend to the fourteenth (14th) day after the first day of disability, the carrier will then issue a TIBs payment for the waiting period.

Temporary Income Benefits (TIBs) Details

If the injured employee does not miss time from work because of a work-related injury or illness, Workers' Compensation Insurance will begin paying Temporary Income Benefits (TIBs) to them on the eighth (8) calendar day they are off from work if their claim has been determined to be compensable, and they either elected to take the time off without pay or

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they had no accrued time available. Although there is a seven (7) day waiting period where TIBS are not payable, should disability extend to the fourteenth (14th) day after the first day of disability, the carrier will then issue a TIBS payment for the waiting period. TIBS are calculated at approximately 70% of the amount of money they earned during the 12 weeks prior to their work-related injury or illness.

TIBS can be paid to them only if they are on unpaid status during their time off from work. They cannot take accrued leave and receive TIBS at the same time.

UT Dallas Benefits & Family Medical Leave Details

If the injured employee does begin to lose time from work, their UT Dallas health insurance, longevity accrual, and retirement account may be affected. All injured employees are advised to contact Human Resources at 972-883-2221 to find out whether their situation will impact these areas. Human Resources can also give injured employees information about whether or not they are eligible for Family Medical Leave which, if they are eligible, would run concurrently with any work-related lost time they take.

13. Physician-ordered Restrictions

Physicians may order an injured employee to follow certain physical restrictions to ensure that they properly heal from their injury. If an injured employee is ordered by their physician to work under certain restrictions, see **Step 13a** below. If they are not ordered by their physician to work under certain restrictions, move on to **Step 14**.

13a. If the physician orders the employee to work under restrictions: If the injured employee's physician orders them to work under restrictions, it is important that the employee carefully follow the restrictions both at work and at home. The **Work Status Report (DWC-73)** that should have been submitted in **Step 11** will reflect the physician's restrictions for the employee. If the injured employee's department can accommodate the restrictions, the employee will be assigned to Modified Duty (see below for details). If the injured employee's department cannot accommodate the restrictions, the employee will be given to Host Department Work Assignment (see below for details). If the injured employee is offered either of these, proceed to **Step 13b**.

Modified Duty Details

If the injured employee's supervisor determines that the department can make accommodations for them for a limited amount of time, the employee may be offered the opportunity to accept or decline a **Bona Fide job offer** within their department. The WC Rep will work with the employee's supervisor to create the **Bona Fide job offer** for the employee based on their physician's work restriction orders. The employee (and their supervisor) will then need to sign the **Bona Fide job offer** indicating that they either accept or reject this agreement.

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Host Department Work Assignment

If the injured employee's supervisor determines that the department is unable to modify the employee's job duties in order to accommodate their physician-ordered work restrictions, the employee may be able to work in a Host Department on the UT Dallas campus for a limited amount of time. The WC Rep will try to negotiate a modified duty work assignment in a Host Department for the injured employee. The employee's work restrictions, skills, and abilities will be taken into consideration when trying to place them in a Host Department. If a temporary assignment is found for the employee, they will be required to sign a **Bona Fide job offer** indicating whether they accept or reject this work opportunity.

13a. If the employee is offered a Bona Fide job offer: When an injured employee is offered a **Bona Fide job offer**, they have seven (7) calendar days to respond to the offer. Injured employees, must sign their **Bona Fide job offer** indicating whether they accept or reject if within the seven (7) calendar days.

14. Attend all Follow-Up Appointments

It is important that the injured employee show up for all of their physician-ordered follow-up medical and/or physical therapy appointments until they receive a full-duty work release from their physician (for that reason, injured employees may cycle through **Steps 13** and **14** numerous times until they are released by their physician). When injured employees follow their treatment plan by adhering to all of their work restrictions and showing up for all of their physician-ordered follow-up appointments, they demonstrate to their supervisor and to the Workers' Compensation Commission that they genuinely want to restore their body to the highest level of wellness possible.

After each and every follow-up appointment, the employee's physician will provide them with an updated **Work Status Report (DWC-73)**. The injured employee must provide a copy of this form to their supervisor and WC Rep after every appointment.

Time Off For Follow-up Appointments During Work Hours

If the employee has any follow-up appointments ordered by their physician during work hours, they will be required to use their accrued leave (sick, vacation or compensatory time). If possible, injured employees can schedule follow-up appointments during nonworking hours so they will not be required to use accrued leave time under these circumstances.

15. Return To Work

When the injured employee's physician releases them to return to work without restrictions, the employee must immediately notify their supervisor and WC Rep and submit a copy of the

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Work Status Report (DWC-73) from their physician that states they are able to return to full duty. If the injured employee is working under a **Bona Fide job offer** (either through their department or another department on campus) when they are released, the offer will be considered null and void on the day they are released to return to work without restrictions. Once an employee is released by their physician and has submitted their final **Work Status Report (DWC-73)**, they can resume their regular job duties.

If you have any questions about these guidelines, please call the UT Dallas Workers' Compensation (WC) Representative during regular working hours or leave a voice mail message and your call will be returned as soon as possible. The WC Rep can be reached at WorkersCompensation@utdallas.edu or 972-883-4111.

- You are advised to pay very close attention to the reports forms you must submit and to the timelines indicated.
- UT Dallas can be fined up to \$25,000 for every report form that is not received by the Division of Workers' Compensation within specific timelines that have been established by law. A fine of \$25,000 can be assessed against UT Dallas for each and every violation.
- It is the responsibility of the UT Dallas WC Rep to electronically submit the information received from the program supervisors within the established timelines, so full cooperation is expected from each supervisor.
- Please be aware that every fine that is received by UT Dallas for failure to submit any of these reports in a timely fashion may be passed along to the program that failed to submit the required information to the UT Dallas WC Rep.