Workers’ Compensation

Your Go-To Guide on Handling Worker’s Compensation Reporting and Filing
Filing Workers’ Compensation

- When the department is notified of an employee’s work-related injury the department should:
  - Complete the First Report of Injury, also known as the DWC-1 form,
  - The form should be completed AND signed by someone designated to act on behalf of the employee. **THE INJURED EMPLOYEE SHOULD NOT COMPLETE OR SIGN THE DWC-1 FORM.**
  - If an employee’s supervisor or someone within the department knows an employee has sustained a work-related injury but the employee does not “formally” report the injury, the DWC-1 form must still be completed documenting the injury and the cause.
Filing Workers’ Compensation

- Filing period:
  - Departments are required to file the DWC-1 form with TEES Personnel:
    - Within 24 business hours after the employer becomes aware of illness or injury
    - Failure by the EMPLOYEE to report the injury within 30 days of the occurrence of the injury (or the manifestation of the occupational disease) may result in the denial of the claim

- Once the DWC-1 form is completed and signed by the designated supervisor, the form should be e-mailed or faxed to Alicia Hutchins, TEES Personnel Services, at fax 979-458-7720 or aliciahutchins@tees.tamus.edu
Requirements

- DWC-1 Form completed and signed by someone designated to act on behalf of the injured employee
- Copy of DWC-1 form and Employee’s Rights and Responsibilities given to injured employee
- DWC-1 form sent to TEES Personnel Services, Alicia Hutchins
- If witnesses, complete the Supplemental Witness Statement. A witness should not be “forced” to complete this document.
Lost Time/Return to Work with Restrictions

- The “Request for Paid Leave” form should be completed when the department becomes aware that the employee is losing time due to a work-related injury.
  - Lost time is defined as missing more than one shift of work.
  - The form may be completed the department liaison or designee if the employee is unavailable for signature, provided the employee is consulted regarding the choice of leave to use.
  - Deadline for submission of the “Request for Paid Leave” form is within three days of the employee’s having missed one shift of work.
Lost Time / Return to Work with Restrictions

- If the employee has lost time, TEES Personnel will work with the department to complete a DWC-6 Supplemental Wage Statement
  - DWC 6 accounts for any period of time lost from work for which the injured worker might be entitled to Workers Compensation benefits. It also serves as written notice of an employee’s time lost from work and return to work after a period of temporary disability or of any change in pay status.

- The Wage Statement (DWC 3) is required when the employing division/department knows or should have known an employee will miss more than 7 days cumulatively for a work related injury
Early Return to Work Program

- If an injured employee returns with a Work Status Report from his/her attending physician indicating restrictions, all efforts by the department should be made to accommodate the restrictions. A Bona Fide Offer of Employment will be required and depending on any reduction in work schedule a DWC-6 may need to be completed.
Workers’ Compensation Claim Process Flowchart*

1. Job Related Injury Occurs

2. Department completes First Report of Injury and provides Notice of Injured Employee Rights and Responsibilities statement to the employee. The First Report of Injury is faxed/scanned to TEES Personnel Services

3. Has the employee missed time due to this injury?

   YES

   4. Request for Paid Leave form is completed and faxed/scanned to TEES Personnel Services; proper leave procedures, including LWOP, must be followed if employee is on LWOP

   STOP

   NO

4. The employee returns to work **, had additional days of temporary disability, resigns, terminates or has salary change.

7. Employee returns to work **, had additional days of temporary disability, resigns, terminates or has salary change.

8. Employee’s department faxes/scans Wage Statement to TEES Personnel Services

9. Employee returns to work **, had additional days of temporary disability, resigns, terminates, or has salary change.

10. Employee’s department faxes /scans a Supplemental Wage Statement to TEES Personnel Services

** Employee must be given bonafide offer letter when returning to work with restrictions

*Procedures and details for each box in this flow chart are listed following this page.
WORKERS’ COMPENSATION CLAIM PROCESS FLOWCHART PROCEDURES AND DETAILS

1. Job related injury occurs
   a. An “injury” for workers’ compensation (WCI) purposes is defined as “an injury or occupational disease that causes damage or harm to the body and arises out of the course and scope of employment.”

2. Department completes First Report of Injury and proves Notice of Injures Employee Rights and Responsibilities statement to the employee. The First Report is faxed or scanned to TEES Personnel Services.
   a. Texas WCI states that we, as an employer, must complete a first report of injury as soon as possible once we become aware of any workplace injury. Keep in mind that minor injuries can later develop into a more serious condition that may require medical attention or time off from work. The Notice of Injured Employee Rights and Responsibilities statement must be given to the employee after any reported injury. Remember: Complete a first report once you become aware of an injury, regardless of whether or not you believe the injury is serious or whether or not you believe it occurred within the course and scope of your employee’s duties. TEES Personnel Services fax 979-458-7720 or email to aliciahutchins@tees.tamus.edu

3. Has the employee missed time due to this injury?
   a. For WCI purposes, missed time is generally not considered until the employee misses more than one shift due to an occupational injury or illness. For instance, an employee who is injured at work and misses only two hours of work time to go to a physician is not to be considered as lost time if the employee returns to employment with no restrictions. However, several physician’s appointments or treatments that occur over a period of time related to the injury that totals more than one work shift may be considered lost time. You must complete additional forms (instructions are given below) in the event you find the employee has missed more than one shift of work.
4. **Request for Paid Leave Form** is completed and faxed to TEES Personnel Services, proper leave procedures, including leave without pay (LWOP), must be followed if the employee is on LWOP.

   a. Employees have the option of using their accrued sick and/or vacation leave in the event time is lost due to a work-related injury. The Request for Paid Leave form is used to document the employee’s choice during a WCI-related absence.

   b. The employee does not necessarily need to sign the form before submission to TEES Personnel Services, as an injured employee is not always available for signature. However, the WCI administrator (or designated department administrator) may sign on the employee’s behalf, provided the administrator has contacted the injured employee by phone, email, etc. to determine whether or not paid leave is to be used.

5. **Employee misses seven calendar days or less.**

   a. The WCI Administrator or designated department administrator and supervisor must monitor all absences resulting from a work-related illness or injury. The State of Texas will not provide an employee with wage replacement benefits until the employee misses seven or more calendar days (or more than seven cumulative work shifts, if the absences are not consecutive) of work. Appropriate paid and unpaid leave will be applied during this period of absence.

6. **Employee misses more than seven calendar days.**

   a. The employee may become eligible for wage replacement in the event s/he misses more than seven calendar days (or more than seven cumulative work shifts if the absences are not consecutive) of work. Appropriate paid and unpaid leave will be applied during this period of absence.
7. Employee returns to work, has additional days of temporary disability, resigns, terminates, or has salary change.

   a. Administrators must monitor all absences and returns to work resulting from a work-related injury or illness. Further actions are necessary as described in item #10.

8. Employee’s department faxes/scans Wage Statement to TEES Personnel Services.

   a. Employees who are eligible for wage replacement pay will generally be compensated based on their earnings history for the 13 weeks previous to the injury. The Wage Statement will provide Risk Management with wage and other monetary information.

9. Employee returns to work, has additional days of temporary disability, resigns, terminates or has salary change.

   a. Administrators must monitor all absences and returns to work resulting from a work-related injury or illness. This information will be recorded on a supplemental report referenced in item #10.

10. Employee’s department faxes or scans a Supplemental Wage Report to TEES Personnel Services.

11. The supplemental report should be completed if the employee’s status reflects the items below. This report is necessary for tracking:

   a. Return to work date(s);

   b. Time worked under a physician’s restrictions;

   c. Resignations of employment where the employee was eligible for WCI benefits, and;

   d. Salary changes during eligibility for WCI benefits
WCI FORMS

Several Workers’ Compensation forms may need to be completed and required during the course of an employee’s work-related injury. Correct processing and timely submission of these forms is required by law and should be submitted to TEES Personnel Services as soon as possible to aliciahutchins@tees.tamus.edu or faxed to 979-458-7720.

All forms can be found on the TEES Personnel website under Workers’ Compensation.

First Report of Injury:

Witness Statement:
http://tees.tamu.edu/media/24962/wci_witness_statement.doc

Injured Workers Rights and Responsibilities

Request for Paid Leave
http://tees.tamu.edu/personnel/workerscomp/

Supplemental Report of Injury or Illness (DWC-6)
http://tees.tamu.edu/media/24971/supplemental_injury.pdf

Wage Statement (DWC-3)
http://tees.tamu.edu/media/24974/wage_statement.pdf

Bona Fide Offer of Employment Memorandum
http://tees.tamu.edu/media/31381/bona_fide_offer_of_employment_letter.pdf