

Workers' Compensation Employee/Supervisor Checklist

This information is a guide for employees and supervisors through the workers' compensation process.

– Initiating a report/claim –

Employee

- In all cases, **report** injury/illness/occupational disease incident to supervisor immediately.
- In an **emergency**, **seek** immediate medical treatment – **Call 911 or go to HRMC Emergency Room.**
- Employees with **non-emergency** injuries, if warranted, shall be referred to a pre-designated Workers' Compensation medical care provider.
- **Sign** the First Report of Injury (DWC-1) Form and Medical Records Release Form.
- **Inform your supervisor** of absences and work restrictions or physical limitations, immediately following initial medical treatment.
- **Follow** the doctor's orders.
- **Read** Florida Department of Financial Services brochure.

Supervisor

- **File** First Report of Injury/Illness Form (DWC-1) with the City's Workers' Compensation Claims Administrator, the Johns Eastern Company, Inc., via their on-line pre-fill reporting system and print out all generated forms.
- **Have injured employee sign the completed DWC-1 Form and Medical Records Release Form.**
- **Provide** injured employee copies of the DWC-1 Form and Medical Release Form and the original of the Prescription Fill Authorization Card and send the employee with copies of the forms to the pre-designated Workers' Compensation medical care provider. Call ahead to schedule.
- In all cases, **conduct** a thorough investigation including photographs, obtaining witness statements and complete Supervisor's Investigation of Accident form using the National Safety Council's Guide for Identifying Causal Factors and Corrective Actions. .
- **Review** forms for completeness, including all signatures and submit in a sealed envelope to Risk Management.

– While the claim is open –

Employee

- **Follow-up** only with an authorized Workers' Compensation physician as scheduled.
- **Communicate** work restrictions/physical restrictions and medical progress to your supervisor following every visit.
- **Give a copy of 'No Work' note or DWC-25 Form to your supervisor.**
- **Accept** and **follow** recommended treatment by physician.
- **Log** mileage for doctor appointments and pharmacy visits related to your Workers' Compensation claim.
- **Comply** with work restrictions recommended by the authorized physician.
- **Accept** temporary alternate "light" duty or any transitional employment offered.
- Our **Workers' Compensation Claims Administrator is:** Johns Eastern Company, Inc.

Supervisor

- **Provide** a copy of work restrictions to Risk Management.
- **Keep** in touch with the employee.
- **Submit** supplemental reports when appropriate.
- **Monitor** alternate duty assignments.
- **Submit** FMLA (Family and Medical Leave Act) Notice to Personnel, if employee has a "serious health condition" or has missed three days from his regular work schedule.