

Procedure for Managing Work-related Injuries or Illnesses

Does the employee want to seek medical attention and file a claim?

YES

NO

The appropriate *Medical Authorization Form* is to be filled out and given to employee.

Employee must fill out and sign a *Workers' Compensation Claim Form* (NCR form), lines 1 – 9, unless in need of immediate medical attention.

Supervisor must complete the *Supervisors Review Form* and send to the Workers' Compensation Manager.

Supervisor or ASM, whichever the department requires, will fill out and sign the bottom portion of the *Workers' Compensation Claim Form*, lines 10 – 18.

REPORT INJURY IMMEDIATELY VIA PHONE (5-2366) OR FAX (5-7180).

The *Workers' Compensation Claim form*, *Supervisors Review Form*, and a work status note from the medical facility are to be faxed to the work comp Manager. at 57180 **within 24 hours**. The originals may either be walked over or sent through inter-campus mail.

Supervisor and employee will fill out the *Accident Investigation Report*. This report will be signed by the supervisor and the employee.

Send the *Accident Investigation Report* to the Workers' Compensation Manager.

You must call or email me immediately to notify me of a serious injury/illness of an employee or if an employee is transported via ambulance from CSULB!

CHERYL VELASCO – 52366

cheryl.velasco@csulb.edu

Questions?

Call Cheryl Velasco in Workers' Compensation

5-2366.