

EMPLOYEE WORKERS COMPENSATION RESPONSIBILITIES

If you are an employee who has been injured on the job, follow the steps below:

1. If this is an emergency call 911 or report to an ER with the supervisor to validate/approve care
 - a. If this is not an emergency, seek medical treatment at one of the approved facilities within the CareWorks Network (www.careworks.com)
2. Report the incident/injury to your supervisor
3. Complete the Employee Injury Packet and attach to the online incident report.
4. Complete the online Incident Form Origami using this link- <https://live.origamirisk.com/Origami/IncidentEntry/Welcome>
5. Communicate with the Supervisor and Risk Management (RM) coordinator about ongoing/follow-up treatment.
6. RM claims coordinator will contact you as necessary or until you have returned to full duty.
7. The RM claims coordinator will submit the claim to the State on your behalf.
 - a. Once t
you as necessary

FORMS INCLUDED IN PACKET

1. Employee's Report of Injury
2. Employee's Election Regarding Utilization of Sick and Annual Leave
3. Witness Statement
4. Authorization for Release of Information
5. Workers Compensation Network Acknowledgement

INSTRUCTIONS

There are instructions for completing the required forms under the Related Forms section of the Risk Management website.

Questions

Please contact the claims coordinator at 806.742.0212 or by email workerscomp@ttu.edu



EMPLOYEE'S REPORT OF INJURY

Dear Employee

We received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. Attach additional sheets if necessary.

Name: _____ Social Security: _____ Gender: M F
 Last First MI. Maiden
Address: _____ ?:

3) Briefly describe what exactly caused the injury:

4) What areas of your body were injured?

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WITNESS STATEMENT
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