Supervisors Responsibilities  
Regarding Work Incurred Injuries  
(Check List)

UPON INJURY

☐ Provide **DWC-1, Employees Claim Form** to employee within **24 hours** of notice of illness or injury. Have employee complete form **ONLY** if he/she is seeking benefits, medical treatment, etc. Authorized medical providers can be found on the workers’ compensation web-site at [http://hr.sdsu.edu/workerscomp/index.htm](http://hr.sdsu.edu/workerscomp/index.htm).

☐ Send employee for medical treatment if requested or required.

☐ Complete **SUPERVISORS REPORT OF INJURY FORM** even if for information only.

☐ After completion of the **SUPERVISORS REPORT OF INJURY FORM**, inspect area of incident for possible hazard that might need immediate correction.

☐ Contact Work Control at 594-4754 if hazard needs immediate attention.

☐ Fax completed **SUPERVISORS REPORT OF INJURY FORM** and **DWC-1 EMPLOYEES CLAIM FORM** to 594-4013.

☐ Place original **SUPERVISORS REPORT OF INJURY FORM** and **DWC-1 EMPLOYEES CLAIM FORM** into inter-office mail to Jennifer Acfalle at MC-1625.

☐ Communicate with Sedgwick Insurance when contacted regarding the particulars of the injury.

UPON RETURN TO WORK

☐ Employee must provide a work status slip completed by their treating physician on the employee’s first day back to work to their immediate supervisor. Supervisor should assign work consistent with any work restrictions outlined by the treating physician. Supervisor should contact Jennifer Acfalle at 594-1142 with any questions related to accommodating the work restrictions.

☐ Follow up with employee regularly to see how they are doing.

☐ Forward copies of work status slips to Human Resources, Jennifer Acfalle, MC-1625.

☐ All questions should be referred to Jennifer Acfalle, Benefits & Workers’ Compensation Manager, at 594-1142 or visit the Workers’ Compensation website at [http://hr.sdsu.edu/workerscomp/index.htm](http://hr.sdsu.edu/workerscomp/index.htm) for further information.