

## Worker's Compensation Procedures and Guidelines

### Upon notification of a work-related injury in your unit:

1. Complete a **DWC-1 First Report of Injury** immediately! Instructions on how to complete on reverse side
2. Sign the DWC-1 at the bottom or affix an electronic signature (**No Injured Employee Signatures!**)
3. **Within 48 Hours** of the injury, scan the DWC-1 into "Work in Progress-WCI" Folder in Laserfiche or print it using Snapshot. In Laserfiche, title the document by the employee's name; Last, First, Mi, and **use the WCI template for information**. For additional documents, title the documents with the employee's name and the title of the document. These forms will all be compiled into one folder by AgriLife Risk & Compliance personnel.
4. If the employee sought medical attention, or if there is lost time (more than a day), **FAX** a copy of the DWC-1 to TAMU System Risk Mgmt: **979-458-6247** along with placing a copy in Laserfiche for official storage.
5. Send an email to Bob Hensz ([r-hensz@tamu.edu](mailto:r-hensz@tamu.edu)), Alyce Ghedi ([anghedi@ag.tamu.edu](mailto:anghedi@ag.tamu.edu)) and Brad Urbanczyk ([burbanczyk@tamu.edu](mailto:burbanczyk@tamu.edu)) in Environmental Health and Safety to notify them a First Report of Injury has been placed in the WCI folder.
6. Log the injury on your Worker's Compensation Injury Report Log (AG-413) which is kept by Fiscal Year. At the end of each Fiscal Year, this log is to be placed into the "Work In Progress- WCI" Folder in Laserfiche.
7. Provide a copy of the DWC-1 to the individual

### If there has been lost time (more than the day of the injury) complete the following steps as well:

8. Have the employee complete a **Request for Paid Leave form (RFPL)**. Scan a copy into the "Work In Progress-WCI" folder in Laserfiche and also FAX a copy to TAMU System Risk Mgmt 979-458-6247
9. Complete a **DWC-3, Employer's Wage Statement**. Scan into "Work in Progress-WCI" folder in Laserfiche and also FAX a copy to TAMU System Risk Mgmt
10. Anytime there is a change in the employee's status, complete a **DWC-6, Supplemental Report of Injury** and Scan into "Work in Progress-WCI" folder in Laserfiche and also FAX a copy to TAMU System Risk Mgmt

### Additional Worker's Compensation Resources and Information:

- If a health care provider needs to contact the Office of Risk Management for authorization or to send a bill, provide them with the following information:
  - **Office of Risk Management and Benefits Administration**  
**The Texas A&M University System**  
**John B. Connally Building**  
**301 Tarrow, 5<sup>th</sup> Floor**  
**College Station, Tx 77840-7896**
- **TAMU System Risk Management Phone #: 979-458-6360**
- **TAMU System Risk Management Fax #: 979-458-6247**

## Instructions for Completing the DWC-1:

### Section 1: Employee Information

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- Blocks 1-8:** Basic information about the employee. Be sure to include full name. Much of information is for statistical use by Texas Dept of Insurance, Division of Workers Compensation and remains confidential. Entire Social Security # is required, **not UIN**
- Block 9:** Use the address where the employee receives mail
- Blocks 10-12:** Employee's family information
- Blocks 13-14:** Information on the Doctor who treated the injury (if any). If no doctor treated the injury, enter NONE. **Note: Do not list the employee's regular doctor if none was seen.**

### Section 2: Injury Information

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- Blocks 15-16:** The date and time of the injury. If claiming an injury from repetitive stress, place the date when the problem was identified and the employee was to seek medical attention.
- Block 17:** Enter the date lost time began. If the employee goes to the doctor and returns the same or next day, there is **NO TIME LOST**. Also, if the employee is not restricted from work except for the day following the injury this is NO TIME LOST. Where there is no lost time, enter NONE, N/A, NTL. If the employee is injured on a Friday, and is restricted to work until Monday, the lost time begins on Saturday. On Monday, complete a DWC-6 Supplemental Report, returning the employee to work.
- Blocks 18-19** Identify the nature of the injury and body part affected.
- Block 20-24:** Describe the events, injury, and reasons as best you can. Additional documents can be attached if necessary to further explain injury; Use the "**Nature of the Injury**" & "**Body Part Injured**" forms available on the website to properly complete these sections.
- Block 25:** A list of witnesses if any, also provide addresses/phone # if possible. Note: witnesses may be asked for statements if needed
- Block 26:** An estimated return to work date is required. If this date needs to be changed an amended DWC-1 can always be submitted. If there is no lost time, enter the next day or the same day as the injury if the employee returned to work the same day.
- Block 27:** Self-explanatory
- Block 28-29:** Enter the supervisor's name and the date the injury was reported to the supervisor/administrative person completing the report—whichever was earlier

### Section 3: Employee Pay Information

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- Blocks 30-33** Self-Explanatory
- Block 34:** Employee's title code from FAMIS
- Block 35:** Occupation, not title of the employee
- Block 36:** Gross hourly pay
- Block 37:** Number of hours worked in a normal week
- Block 38:** Gross amount paid on the last pay check & the number of hours & days worked during this time

### Section 4: Unit Information

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- Block 40:** Full name and title of person completing the form. CANNOT BE INJURED EMPLOYEE
- Blocks 41-43:** Name and address of unit, and location if mailing address and physical address are different
- Blocks 44-47:** LEAVE BLANK
- Block 48:** Enter "**The Texas A&M University System**" or **TAMUS**
- Block 49:** Enter "**Self Insured**"
- Block 50:** Complete as best fits your situation
- Block 51:** Signed by person completing form; CANNOT BE INJURED EMPLOYEE