

February 9, 2015

Workers' Compensation Procedures

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

1. Complete a DWC-1 immediately. (See [Instructions](#), [Nature of the Injury Guide](#), and [Body Part Guide](#) for assistance in completing the DWC-1).
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 your unit folder in Laserfiche (or print it into Laserfiche using Snapshot). For Laserfiche, title the document by the employee's name: Last, First, MI, and use the WCI template for information. For subsequent documents, title the documents with the employee's name and the title of the document. For additional documents such as bills, work status reports, and etc., place them into the "Work in Progress – WCI" folder so they can be attached to the DWC-1 by AGHR personnel.
4. If the employee sought medical attention, or if there is lost time (more than a day), fax a copy to the Texas A&M University System Risk Management Office at 979-458-6247. If there is lost time, include a copy of the job duties portion of the employee's Position Description.
5. Place the Laserfiche document into the "Work in Progress – WCI" folder.
6. Send an email to Alyce Ghedi (anghedi@ag.tamu.edu), Bob Hensz (r-hensz@tamu.edu) and Brad Urbanczyk in Environmental Health and Safety (burbanczyk@tamu.edu) to notify them a First Report of Injury has been placed in the WCI folder.
7. Log the injury on AgriLife Form [AG-413](#), Workers' Compensation Injury Report Log.
8. Provide a copy of the DWC-1 to the individual.

If there has been lost time, complete steps 9-14.

9. Have the employee complete a [Request for Paid Leave](#) form – if leave not available on non-paid leave status (If you have contacted the employee, you may sign the form for them, but have that form countersigned by the employee as soon as practical.). Scan into Laserfiche and fax a copy to the A&M System Risk Management Office at 979-458-6247. Place the Laserfiche document in the "Work in Progress – WCI" folder in Laserfiche.
10. For lost time injuries, attach a copy of the job duties portion of the employee's Position Description to the DWC-1, or place in Laserfiche and fax a copy to the A&M System Risk Management Office at 979-458-6247.
11. If eligible for FMLA, notify employee this time will be charged against FMLA and complete the FMLA letter. Place a scanned copy of the FMLA letter in the employee's personnel file in Laserfiche.
12. Complete a DWC-3, Employer's Wage Statement. Scan into Laserfiche and fax a copy to the A&M System Risk Management Office at 979-458-6247. Place the Laserfiche document in the "Work in Progress – WCI" folder.

13. When there is a change in the employee's status, complete a DWC-6. Scan into Laserfiche (or Snapshot it into Laserfiche) and fax a copy to the A&M System Risk Management Office at 979-458-6247. Place the Laserfiche document in the "Work in Progress – WCI" folder.
14. Keep the Texas A&M AgriLife Risk and Compliance Office informed as to the current status of the employee – we are concerned about our employees well-being, and about their ability to work.

Note: If a health care provider needs to contact the Office of Risk Management and Safety for authorization or to send a bill, provide them with the following information:

The Texas A&M University System
Office of the Treasurer
Risk Management
A&M System Building, Suite 1120
200 Technology Way
College Station, TX 77845-3424

Phone: 979-458-6330
Fax: 979-458-6247