



WORKERS' COMPENSATION PROCESS FOR EMPLOYEES

1. **REPORT INJURY / ILLNESS TO YOUR SUPERVISOR IMMEDIATELY.**
2. **IF MEDICAL TREATMENT IS REQUIRED AT TIME OF INJURY, OBTAIN MEDICAL TREATMENT AS FOLLOWS:**

First Aid, Incidents Only And One Time Treatment W/Follow-Up For Observation:

CSUB HEALTH CENTER
654-2394

For Emergencies: MERCY MEDICAL CENTER HOSPITAL EMERGENCY

ROOM 400 Old River Rd., Bakersfield CA 93311
(24 Hours Day, 7 Days/Week)
(661) 663-6100

For Non-Emergency Injuries: CENTRAL VALLEY OCCUPATIONAL MEDICAL GROUP

W/C Manager or Human Resources must authorize

4100 Truxtun Ave. Suite 200, Bakersfield CA 93309
(24 hour Workers Comp. Coverage)
Office Hours M-F 7:30-5:30
(661)632-1540

NOTE: Please identify yourself as a **CSUB State Employee** when you check in.

NOTE: If, **prior to the injury/illness**, you have an authorized Pre-Designation of Personal Physician form, *signed by the doctor*, on file in Human Resources, then you may go directly to your designated physician for treatment, if you wish to do so.

3. COMPLETE DWC 1 FORM (Employee's Claim for Workers' Compensation Benefits)

If you treated initially at the CSUB Campus Health Center one will be provided to you.

If you treat at another medical facility, contact the Workers' Compensation Manager at 559-278-2125 to have a Notice of Claim form sent to your home address. Please complete items 1-8 and return this form to Tracey Garza, Workers' Compensation Manager 5150 N. Maple Mail Stop JA 41 Fresno, CA 93740.

4. ACCIDENT/INCIDENT REPORTS: INJURIES WITH NO MEDICAL TREATMENT REQUIRED

(When an employee reports an incident but does not seek medical treatment)

If you do not seek or require medical treatment at the time of your injury/illness, you should notify your supervisor of all incidents. Your Supervisor will complete and forward to Human Resources the Supervisor's Report of Injury as an incident only. You (the employee) will be notified of receipt of the Supervisor's Report of Injury and a DWC 1 claim form will be mailed to you to complete. This information will be retained in Human Resources for one year following the date of the injury. You will have one year from the date of injury to seek medical treatment. **If you request to see a physician at a later date, please notify the Workers' Compensation Manager in Human Resources immediately.**

5. RETURN TO WORK:

- a. **RELEASED TO REGULAR WORK DUTIES:** Before you return to your assigned workplace, you must bring the **Work Status Report or a doctor's note** releasing you to regular work duties to your supervisor. Forward the **Work Status Report or original doctor's note** to Workers' Compensation Manager in the Office of Human Resources.

- b. RELEASED TO MODIFIED WORK DUTIES:** Bring the ***Work Status Report or a doctor's note*** listing your restrictions and the period of time for those restrictions to your supervisor immediately following your appointment. Your supervisor will determine if modified work can be provided. If modified work is not available, you will be placed off work and begin Disability Pay benefits. Forward signed ***Work Status Report or doctor's note*** to Workers' Compensation Manager in the Office of Human Resources.

NOTE: FOLLOWING EACH DOCTOR'S VISIT, IT IS YOUR RESPONSIBILITY TO KEEP YOUR SUPERVISOR AND THE WORKERS' COMPENSATION MANAGER INFORMED OF YOUR STATUS IF YOU ARE ON MODIFIED WORK.

LOST TIME:

If you are taken off work by your physician, you must:

- Provide the **Work Status Report OR doctor's note** to your supervisor immediately after your doctor's appointments until you are released to return to work.
- Provide a written release to return to work to your supervisor before returning to your workplace.
- **Notify the Workers' Compensation Manager immediately upon your return to work.**

NOTE: IF YOU ARE OFF WORK, IT IS YOUR RESPONSIBILITY TO KEEP YOUR SUPERVISOR AND THE WORKERS' COMPENSATION MANAGER INFORMED OF YOUR STATUS FOLLOWING EACH DOCTOR'S VISIT.

DISABILITY PAY:

For more information on benefits and how disability leave will affect your pay, please read the CSUB Workers' Compensation/Industrial Disability Leave Summary guide which is available in the Office of Human Resources.

QUESTIONS: Questions regarding these processes and requests for forms may be directed to: CSUB Workers' Compensation Manager, Julie Irwin at 559-278-2125.