

**CSUB FOUNDATION  
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)  
663-6100

❖ For Non-Emergency Injuries: **CENTRAL VALLEY OCCUPATIONAL MEDICAL GROUP**  
4100 Truxtun Ave. Suite 200, Bakersfield CA 93309  
(24 hour Workers Comp. Coverage)  
Office Hours M-F 7:30-5:30  
632-1540

**NOTE:** Please identify yourself as a **CSUB Foundation 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)**  
[http://www.csub.edu/BAS/hr/documents/DWCForm7.06\\_000.pdf](http://www.csub.edu/BAS/hr/documents/DWCForm7.06_000.pdf)

- Complete & sign top section (1-8) of DWC 1 form.
- Return completed form to your supervisor.

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 Coordinator in Human Resources immediately.**

5. **RETURN TO WORK:**

- a. **RELEASED TO REGULAR WORK DUTIES: Before you return to your assigned work place, you must bring the *Work Status Report or a doctor's note* releasing you to regular**

work duties to your supervisor. Forward **Work Status Report or original doctor's note** to Workers' Compensation Coordinator 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 Coordinator 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 Claims Coordinator immediately upon your return to work**

**NOTE: IF YOU ARE OFF WORK, IT IS YOUR RESPONSIBILITY TO KEEP YOUR SUPERVISOR AND THE WORKERS' COMPENSATION COORDINATOR 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 contact the Office of Human Resources.

**QUESTIONS:** Questions regarding these processes and requests for forms may be directed to: Tom Alvarez, Manager, Human Resources Programs (Worker's Compensation Coordinator), in Human Resources at Ext. 3203 or email [talvarez@csub.edu](mailto:talvarez@csub.edu).