



Friendswood Independent School District
302 Laurel, Friendswood, Texas 77546
Phone: 281-482-1267 Fax: 281-996-2606

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Employee Name _____

Date of Injury _____

Date of Birth _____

SSN _____

Reported Work Related Injury or Illness _____

Post Accident Drug Testing Requested _____

(Drug testing is directed by only the Employer (designated personnel) and must be billed separately and directly to Friendswood ISD)

Friendswood ISD's workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at www.pswca.org.

Please submit all claim and medical billing information to:

TASB Risk Management Fund
PO Box 2010
Austin, TX 78768-2010
Phone: (800) 482-7276
Fax: (800) 580-6720

Pre-Authorization

Phone: (800) 482-7276 ext. 6654
Fax: (888) 777-8272

Authorized by _____

Title _____

Phone _____

Date _____

District Contact: Kimberly Kempken, Benefits and Leave Coordinator
281-482-1267 x 6605
kkempken@fisdk12.net
direct fax: 281-996-2606