SANTA PAULA UNIFIED SCHOOL DISTRICT

Workers Compensation
201 S. Steckel Drive, Santa Paula, CA 93060
● Classified FAX (805) 933-8025 ● Certificated FAX (805) 933-8026●
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Workers Compensation Process

After notifying his/her Supervisor, the injured employee (or Supervisor) must call **Company Nurse (available 24 hours a day) at: 1 (855) 602-5267**.

Attached are the Workers' Compensation forms. Some forms are required for all instance and some forms are required based on the particular circumstance.

Forms Checklist:

- ☐ Certification of Receipt of Workers Compensation Information
  Complete for all workplace caused employee illnesses or injuries.
- ☐ DWC 1 Workers' Compensation Claim Form
  - Employee must complete the "Employee section" for all workplace caused, employee illnesses or injuries.
  - Employer representative:
    - completes the "Employer section" ensuring the form is signed and dated,
    - gives a copy to the employee, and
    - delivers a copy to the District WC Office within 24 hours.
- ☐ VCSSFA-Athens Medical Provider Network Brochure
  Must be given to the employee.
- ☐ CMH Referral & Treatment Authorization Form
  Employer representative completes and signs if employee needs medical attention and employee does not have a completed Predesignation of Personal Physician form on file.
- ☐ Workers Compensation Medical Services Request
  Complete if employee needs medical attention and has a Predesignated Personal Physician form on file (verify by calling District WC Office). District representative must sign this form.
- ☐ Refusal of Medical Examination and/or Treatment
  Employee must complete if they refuse medical examination and/or treatment.
- ☐ Employee Statement and Continuation Sheet
  Employee must complete form. Use continuation sheets if necessary.
- ☐ Supervisor's Report and Continuation Sheet
  Supervisor must complete form. Use continuation sheets if necessary.
- ☐ Witness Statement
  Completed by witness(es), if any. Use continuation sheets if necessary.

Submittal Procedures:

The Certification of Receipt of Workers Compensation Information and DWC 1 Workers' Compensation Claim Form must be submitted to the District WC Office within 24 hours, this is a legal requirement. Submit copies of all other completed forms, with the exception of the CMH Referral & Treatment Authorization Form or Workers' Compensation Medical Services Request to the District-Workers' Compensation Office within two days.