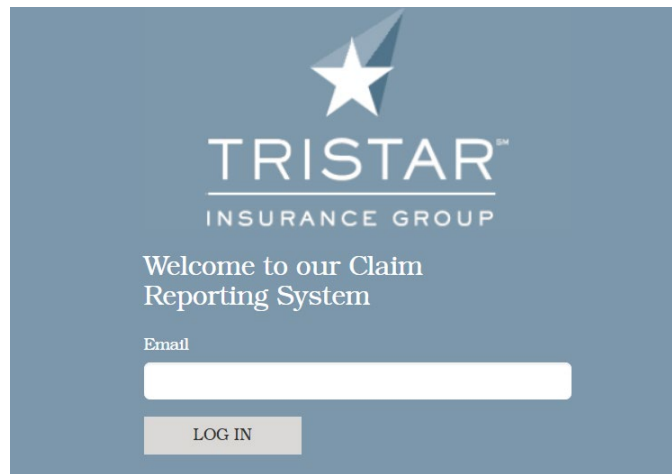


Accident/Injury Reporting Instructions

1. All accidents should be reported even if an injury is not apparent or the employee does not wish to seek medical treatment or treat under statutory workers' compensation.
2. The employee's supervisor is required to access, review all documentation contained in the "Workers' Compensation Information for Injured Employees & Supervisors" and provide a copy of the documentation contained in the Workers' Compensation Information for Injured Employees & Supervisors document to the injured employee.
3. All employee that experience an accident at work must complete an "**Employee Accident/Injury Report**" and submit a copy to their immediate supervisor. Employees are advised to keep a copy for their personal records.
4. Supervisors are responsible for completing a "**Supervisor Accident Investigation Report**" and completing a "**Report an Injury-Claim Submission**" by accessing the "Report an Injury-Claim Submission Hyperlink" located on the Workers' Compensation Webpage on the left of the screen.
5. After clicking the "Report an Injury-Claim Submission Hyperlink," the screen provided below will appear.
 - a.



6. Type your District email address in the blank space for the email address and click "Log In." If this is your first time making a "Report an Injury-Claim Submission," you will receive a message instructing you to check your District email to verify your identity. If this message fails to appear, go ahead and check your District email box for the verification email and following the provided instructions. You will not be required to verify your identity going forward if you need to make a Report an Injury-Claim Submission in the future.
7. The Supervisor Accident Investigation Report was designed using the same section headings as the Report an Injury-Claim Submission portal. Use the Supervisor Accident Investigation Report to assist you in completing the Report an Injury-Claim fields.
8. In the **Injury Section**, find the "**Attach Document**" button and attached completed copies of the **Employee Accident/Injury Report** and the **Supervisor Accident Investigation Report** before moving on to the last section of the Report an Injury-Claim Submission.

Accident/Injury Reporting Instructions

a.

The screenshot shows the 'INJURY SECTION' of a form. It includes the following fields and controls:

- How did the injury occur?**: A large red text area.
- Injury / Illness Description :**: A large teal text area.
- Cause Injury:**: A dropdown menu with 'select' as the placeholder.
- Body Part:**: A dropdown menu with 'select' as the placeholder.
- Did EE Die:**: A dropdown menu with 'select' as the placeholder.
- Death Date:**: A date input field with the placeholder 'MM/DD/YYYY'.
- Nature of Injury:**: A dropdown menu with 'select' as the placeholder.
- NCM Date:**: A date input field with the placeholder 'MM/DD/YYYY'.
- NCM Name:**: A text input field.
- Attach Document:**: A button located at the bottom right, circled in red.

9. Once you have completed the last section of the Report an Injury-Claim Submission form, click “Submit” button located at the top left of the form. After you have clicked the “Submit” button, a dialogue screen will appear that provides the claim number assigned the claim you just submitted and giving you an opportunity to print/save a copy of your submission.