

Complete Workers' Compensation Packet for Injured Employee & Supervisor

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Risk Management Department, Workers' Compensation Section

Workers' Compensation Information for Injured Employees & Supervisors

Fort Worth
INDEPENDENT SCHOOL DISTRICT

The Risk Management Department is responsible for the operation of the District's Self-Funded Statutory Workers' Compensation Program and oversight of all vendors providing services pursuant to the program. The **Texas Department of Insurance Division of Workers' Compensation (DWC)** regulates and administers the Statutory Workers' System in the State of Texas.

In this document we will attempt to orientate you, the injured employee, to all of the entities and individuals involved in the Texas Workers' Compensation System in addition to internal organizational stakeholder departments and to some of the related statutory provisions.

Entities Involved in FWISD Workers' Compensation Program

Trinity Occupational Program (TOP) & Medical Treatment

If you live in Tarrant County, non-emergency medical care for work-related injuries must be provided through the TOP. TOP provides a selection of medical providers and specialists. To locate a medical provider and/or for additional information regarding the TOP, please review the Trinity Occupational Program Workers' Compensation Acknowledgement Form, call your assigned claims adjuster (TRISTAR Risk Management, 214.492.5600, ext. 2858, visit <https://www.fwisd.org/departments/risk-management/workers-compensation>, or contact the FWISD Risk Management Department, Workers' Compensation Section (workerscomp@fwisd.org or 817.814.2250).

Accessing Non-Emergency Medical Treatment

Not all medical providers accept patients that are treating under statutory workers' compensation benefits. To find a medical provider that does accept patients that are treating under statutory workers' compensation benefits, employees can visit the Workers' Compensation Section's webpage at <https://www.fwisd.org/departments/risk-management/workers-compensation> and click "**Medical Providers**" located in the upper left corner of the page. As indicated in the paragraph above, you can also call your assigned adjuster or contact the Workers' Compensation Section for assistance.

Emergency Medical Treatment

Emergency treatment can be sought from any hospital's emergency room. As soon as possible after receiving emergency medical treatment, whether released with referrals to other medical providers or admitted to the hospital, the injured employee or their emergency contact person should contact their immediate supervisor, their assigned adjuster if known, or the Workers' Compensation Section directly to provide the following information: (1) date of emergency room visit, (2) status of whether discharged/released or currently hospitalized, name of hospital and address of the hospital. Regardless of any discharge instructions provided by the hospital, injured employees will need to select a treating doctor by accessing the Workers' Compensation Section's webpage at <https://www.fwisd.org/departments/risk-management/workers-compensation> and click "**Medical Providers**" located in the upper left corner of the page and obtain a **Texas Department of Insurance Division of Workers' Compensation Work Status Report (DWC-73 Form)**. Work Status Reports should be provided to the injured employee's immediate supervisor.

TRISTAR Risk Management

FWISD has engaged Tristar Risk Management as its Third-Party Administrator (TPA) for handling employee work-related injury claims. Please see table below for staff assigned by Tristar Risk Management to support FWISD's injured employees.

Name	Job Title	Telephone Number	Email Address
Chelsea Skinner	WC Claims Supervisor	214-492-5600 x51771	Chelsea.Skinner@tristargroup.net
Margaret Magallon	Claims Examiner III	214-492-5600 x2825	Margaret.Magallon@tristargroup.net
Meagan Pittard	Claims Adjuster II	214-492-5600 x2858	Meagan.Pittard@tristargroup.net
Malinda Bostick	Claims Adjuster III	214-492-5600 x2849	Malinda.Bostick@tristargroup.net
Jacqueline Galvan	Claims Assistant	214-492-5600 x2924	Jacqueline.Galvan@tristargroup.net

Sedgwick/CareWorks: Workers' Compensation Claim Case Management

Sedgwick/CareWorks provides case management services in support of FWISD injured employee. Case management services are assigned by Claims Adjusters or FWISD's Risk Management Workers' Compensation Section based on evaluated needs of each individual injured employee's case.

Name	Job Title	Telephone Number	Email Address
Anne Peri, MS, CRC	Case Manager/Return-To-Work Coordinator	214-790-5313	Anne.peri@careworks.com
Becky Franz, LMSW, CCM	Medical Case Manager	214-538-6636	Becky.Franz@careworks.com

Additional FWISD Workers' Compensation Stakeholders

Health Services Department

The Health Services Department, is responsible for clearing employees to return to work following a work-related injury before they are allowed to report to their work location. The Health Services Department's contact information is provided below.

Name	Job Title	Telephone Number	Email Address
Cassandra Miles	Nurse Specialist	817-814-2998	Cassandra.Miles@fwisd.org
Main Telephone Number	Health Services Dept.	817-814-2990	emp.health@fwisd.org

Payroll and Benefits Department

The Payroll & Benefits Department is responsible for ensuring employees are paid accurately and on time. In addition, the Payroll & Benefits Department is responsible for Leaves & Americans with Disabilities Act (ADA) Management for FWISD. Based on these responsibilities, it is important for injured employees to timely provide their Texas Department of Insurance (TDI) Division of Workers' Compensation (DWC) **Work Status Reports (DWC-73 Form)** to their immediate supervisor immediately following each of their employee's appointments with their Treating Doctor so that their payroll checks are accurately processed, medical certifications are maintained throughout their absences from work, and employees' workers' compensation benefits are processed timely.

Family and Medical Leave Act (FMLA)

Absences due to an on-the-job injury run concurrently with FMLA leave, if applicable. If you miss ten (10) working days or more due to an on -the-job injury, you must submit a Leave of Absence Form. The following hyperlink will take you to the appropriate webpage to access leave of absence information and instructions: <https://www.fwisd.org/departments/benefits>. If you have questions regarding FMLA leave or any other leave of absence, please contact the FWISD Benefits Office (see table below).

Name	Job Title	Telephone Number	Email Address
Gail Reed	Director, Benefits/Leaves/ADA Management	817-814-2790	leaves@fwisd.org
Alexis Tyson	Coordinator	817-814-2790	leaves@fwisd.org
Trachelle Henderson	Coordinator	817-814-2790	leaves@fwisd.org

Edith Murillo	Technician	817-814-2790	leaves@fwisd.org
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Voluntary Benefits

Voluntary Benefits are employee paid and will continue to the end of your FMLA leave as long as you continue paying for these benefits. These benefits include TRS ActiveCare, Dental, Disability, Life Insurance, Vision, and Flexible Medical Spending Accounts.

If you miss work due to an on-the-job injury, you may pay for voluntary benefits through payroll deductions if you use available accrued leave. If no accrued leave is available, you may make direct payments for these benefits.

Once FMLA leave is exhausted, voluntary benefits may be continued for certain lengths of time depending on the specific insurance or benefits. For those injured employees who subscribe to TRS ActivCare Medical Coverage, your premium will increase by \$2,844.00 annually, once FMLA leave is exhausted. For questions about voluntary benefits if you miss work due to an on – the – job injury, please call the FWISD Benefits Office at 817.814.2240.

Name	Job Title	Telephone Number	Email Address
Gail Reed	Director, Benefits/Leaves/ADA Management	817-814-2240	benefits@fwisd.org

Payment for Medications

Injured employees have two options when it comes to paying for prescribed medications: (1) pay out-of-pocket and provide a legible payment receipt to their assigned Claims Adjuster for reimbursement of the prescribed medications or (2) if they provided a cellular telephone number with text messaging capabilities when their claim was submitted by their supervisor or designated individual to submit work-related injury claims, they can contact the Risk Management Department, Workers' Compensation Section to confirm text message delivery of an AspenCompRx First Fill Card to be used to get their prescription medication.

Note: Some prescription medications require pre-authorization approval under Texas Workers' Compensation and will not be dispensed until and if approved.

Compensation: How do I get paid if I am not working after experiencing a work-related injury?

The first seven (7) calendar days after the date of injury are not compensated under the Workers' Compensation Act. Remember, the date of your injury is never counted.

If you wish to be paid for days that you were regularly scheduled to work that fall within the first seven (7) calendar days after your date of injury, report your absences in the timekeeping system as "**Sick**" Absences. Workers' compensation income benefits begin to accrue on the seventh (7th) calendar day after your date of injury. On the fourteenth (14th) calendar day after your date of injury you are owed income benefits for days that you were regularly scheduled to work that fall within the first fourteen (14) calendar days after your date of injury. Record your absences beyond the seventh (7th) calendar day after your injury in the timekeeping system as a "**Workers' Compensation**" Absences.

Starting with the fourteenth (14th) day, the Workers' Compensation Program will provide income benefits. These income benefits are called **Temporary Income Benefits (TIBs)** in the Texas Workers' Compensation Act. TIBs are seventy percent (70%) of your average weekly wage. TIBs are paid weekly starting your fourteenth (14th) day of lost wages due to your work-related injury.

Note: FWISD employees not regularly scheduled to work Saturdays and Sundays should only report "**Sick**" or "**Workers' Compensation**" as described in this section for the five (5) workdays they are

regularly scheduled to work in the timekeeping system and not record anything for Saturdays and Sundays.

For medical appointments during working hours, you will need to use appropriate accrued leave. Information about use of leave days for workers' compensation follow-up appointments when back on duty [see Board Policy DEC \(LOCAL, REGULATION\)](#).

Note: TIBs are mailed to injured employees' mailing address submitted in claims submissions so it is important to ensure your correct address is included on your accident report form.

Under statutory workers' compensation, TIBs are not owed during times injured employees are not regularly scheduled to work. During those times TIBs payments are suspended. Although FWISD annualizes employees' pay and pays employees semi-monthly for twelve (12) months, each employee's pay is calculated based on a total number of days (187 employee, 239 employee, 244 employee, etc.). As such, if an employee's total number of days do not account for the days being missed from work, the employee's TIBs are suspended during those times.

Reporting Absences During a Work-Related Injury

All absences must be reported to your supervisor and reported in the timekeeping system (817.814.7827).

For questions regarding your FWISD payroll check/direct deposit, please call the FWISD Payroll Office at 817.814.2180 or visit the Payroll Office's webpage at <https://www.fwisd.org/departments/payroll>.

Name	Job Title	Telephone Number	Email Address
Rosie Medina	Director, Payroll	814-814-2180	rosie.medina@fwisd.org
Shovonda King	Payroll Senior Specialist	817-814-2194	Shovonda.King@fwisd.org
Sonya Cortez	Payroll Senior Specialist	817-814-2191	sonya.cortez@fwisd.org
Nellie Williams	Payroll Senior Specialist	817-814-2198	Nellie.Williams@fwisd.org
Rosa Banda	Payroll Specialist	817-814-2189	Rosa.banda@fwisd.org
Odilia Ledesma	Payroll Specialist	817-814-2186	odilia.ledesma@fwisd.org
Kim Mayfield	Payroll Specialist	817-814-2193	kim.mayfield@fwisd.org
Ofilia Rueda	Payroll Specialist	817-814-2192	Ofilia.Rueda@fwisd.org
Tania Rodriguez	Payroll Specialist	817-814-2188	Tania.Rodriguez@fwisd.org
Melanie Thomas	Payroll Specialist	817-814-2195	Melanie.Thomas@fwisd.org
Martha Garcia	Adm. Asst.-Payroll Window	817-814-2197	Martha.Garcia@fwisd.org

Return – To – Work

Following work-related injuries, employees are required to provide Work Status Reports (DWC-73s) to their immediate supervisor after every medical appointment with their treating doctor. Supervisors are required to follow the steps outlined in the "Work Status Report Responsibilities for Injured Employee & Supervisor" document each time they receive a Work Status Report from the injured employee. A Supervisor's submission of their employee's Work Status Reports is extremely important and impacts whether an injured employee gets paid and/or gets paid accurately by FWISD and/or Workers' Compensation.

After every medical appointment, you should receive a **Work Status Report (DWC-73 Form)** from the treating doctor. You are required to ensure you understand all of the information contained in your Work Status Report (DWC-73 Form) before you leave your medical appointment including ensuring your date of injury is accurate, next appointment date, etc. You are required to provide your **Work Status Report (DWC-73)** to your immediate supervisor. It is acceptable for supervisors to accept a digital copy of your Work Status Report as long as it is accurately completed, legible, and does not appear to have been altered in anyway. The injured employee's immediate supervisor is responsible ensuring a legible and satisfactory copy is provided even if a copy has to be physically delivered to the Workers' Compensation Section.

Please see the table below for contact information for the Risk Management Department, Workers' Compensation Section.

Name	Job Title	Telephone Number	Email Address
Carla Hernandez	Senior Specialist	817-814-2250	workerscomp@fwisd.org
Monica Cortez	Senior Specialist	817-814-2230	workerscomp@fwisd.org

Webpage: <https://www.fwisd.org/departments/risk-management/workers-compensation>

Work-Related Injury Caused by Assault

To report an injury, you sustained as a result of an assault, please notify your principal/supervisor and the Benefits Office (<https://www.fwisd.org/departments/benefits>). If you have questions, contact the Benefits Office at 817.814.2790 or by email at leaves@fwisd.org.

Note: The State of Texas has specific statutory requirements related to assaults in school districts. FWISD complies will comply those statutory requirements.

Name	Job Title	Telephone Number	Email Address
Gail Reed	Director, Benefits/Leaves/ADA Management	817-814-2790	leaves@fwisd.org
Alexis Tyson	Coordinator	817-814-2790	leaves@fwisd.org
Trachelle Henderson	Coordinator	817-814-2790	leaves@fwisd.org
Edith Murillo	Technician	817-814-2790	leaves@fwisd.org

Employee Accident/Injury Report

Instructions: Employees must report any accident/incident to their immediate supervisor immediately. This form is to be completed, signed, dated, and provided to the employee's immediate supervisor **WITHIN 48 HOURS** following an injury being sustained by an employee. The employee's immediate supervisor must review, sign and date the form. **Supervisor's Signature:** **Review Date:**

Employee Name (First, Middle Initial, Last):

Job Title: Employee ID#: Location#:

Incident Date: Incident Time: Cell#

Reported to your supervisor? Supervisor's Name:

Date reported to supervisor: Time reported to supervisor:

Employee Home Address:

School/Facility Name:

Location of incident within school/facility (ex. kitchen classroom#, hallway#, outside location description (be specific):

Were you injured:

Body part(s) injured (be specific):

How did the accident happen (describe your accident in detail):

In your opinion, what was the cause of the accident:

Is there anything that could have prevented this accident:

What safety measures do you think can be taken to prevent an accident this type:

IMPORTANT: Complete the following for accidents involving student interactions dealing with disruptive behavior (breaking bitten, scratched, or shoved by student, picking up/lifting student, assisting student, etc.).

Student Status:

Grade Level:

Special Education Setting:

Is employee trained in TBSI:

Is employee currently trained in CPI:

Employee Signature:

Date:

Supervisor Accident Investigation Report

NEW WORKERS COMPENSATION CLAIM

Incident Date: Incident Time: Injured Employee ID#:

REPORTING PARTY'S INFORMATION

Reporting Party is: Job Title: Name:

Campus/Facility Name:

Business Physical Address: City: State: Zip:

Cell Phone: Work Phone: Email Address:

EMPLOYEE SECTION (INJURED EMPLOYEE)

Employee Name: Job Title: Employee ID#: Location ID:

Home Mailing Address: City: State: Zip:

Cell Phone: Home Phone: Work Phone: Gender:

Work Email Address: Personal Email Address:

Marital Status: Spouse Name No of Dependents: Occupation:

Org 1 (Grade Level): Org 2 (Campus/Facility Name):

Supervisor's Name: Supervisor's Job Title:

Supervisor's Phone: Supervisor's Email:

INJURY SECTION (You will be able to attach documents to this section in the TriStar Portal. Look for "Attach Documents" button.)

How did the injury occur(describe the accident):

Supervisor Accident Investigation and Pre-Injury Report Submission Form

INJURY SECTION (CONTINUED)

Injury/Illness Description:

Cause of Injury

Nature of Injury

Body Part:

INCIDENT SECTION

Witness Name(s):

Description of exactly where the incident occurred (incident location descriptions):

Incident Physical Address (incident address):

Report Date:

Report Time:

Reported to (name of person):

Comments/Other Information:

PROVIDER SECTION (If medical treatment will be sought, name of treatment facility if known)

Did the Employee Seek Treatment:

Provider Name:

Supervisor Accident Investigation and Pre-Injury Report Submission Form

SUPERVISOR'S SIGNATURE SECTION

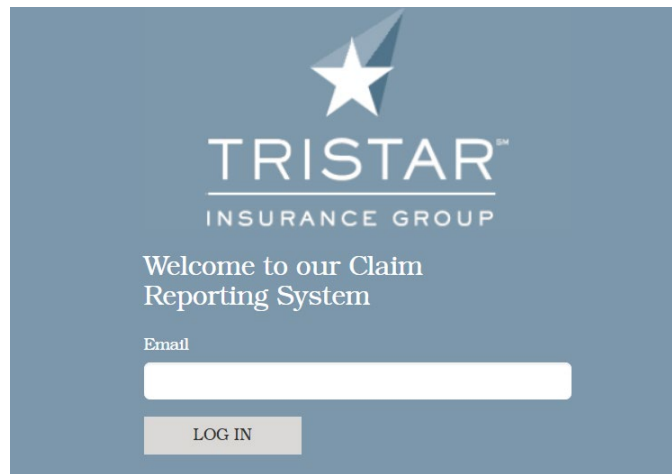
Supervisor's Printed Name (First, Middle Initial & Last):

Supervisor's Signature:

Date Signed:

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 input area.
- Injury / Illness Description :**: A large teal text input 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 top 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.

Seeking Medical Treatment Instructions

Accessing Non-Emergency Medical Treatment

Not all medical providers accept patients that are treating under statutory workers' compensation benefits. To find a medical provider that does accept patients that are treating under statutory workers' compensation benefits, employees can access the Workers' Compensation Section's webpage at <https://www.fwisd.org/departments/risk-management/workers-compensation> and click "**Medical Providers**" located in the upper left corner of the page. As indicated in the paragraph above, you can also call your assigned adjuster or contact the Workers' Compensation Section for assistance.

Emergency Medical Treatment

Emergency treatment can be sought from any hospital's emergency room. As soon as possible after receiving emergency medical treatment, whether released with referrals to other medical providers or admitted to the hospital, the injured employee or their emergency contact person should contact their immediate supervisor, their assigned adjuster if known, or the Workers' Compensation Section directly to provide the following information: (1) date of emergency room visit, (2) status of whether discharged/released or currently hospitalized, name of hospital and address of the hospital. Regardless of any discharge instructions provided by the hospital, injured employees will need to select a treating doctor by accessing the Workers' Compensation Section's webpage at <https://www.fwisd.org/departments/risk-management/workers-compensation> and click "**Medical Providers**" located in the upper left corner of the page and obtain a **Texas Department of Insurance Division of Workers' Compensation Work Status Report (DWC-73 Form)**. Work Status Reports should be provided to the injured employee's immediate supervisor so that their immediate supervisor can follow the instruction listed in the "**Work Status Report Instructions for Injured Employee & Supervisor**" document that outlines the responsibilities for injured employee and their supervisor relating to Work Status Reports.

Trinity Occupational Program Workers' Compensation Acknowledgement Form

Fort Worth Independent School District (FWISD) has established the Trinity Occupational Program (TOP), as authorized under Chapter 504 of the Texas Labor Code. The TOP is designed to provide high quality medical treatment to all FWISD employees sustaining injuries or illnesses in the course and scope of employment consistent with the Texas Workers' Compensation Act and Rules.

All FWISD employees sustaining work-related injuries or illness are required to select a Treating Doctor from the medical providers that are part of the TOP. Employees experiencing medical emergencies can seek treatment from any hospital emergency room. For non-emergency and minor emergency treatment, employees can find network provider by accessing the Network Provider Search Webpage or Listing of Medical Providers.

Network Provider Search Webpage:

<https://www-sf.talispoint.com/careworks/txtop/>

Listing of Medical Providers:

<https://www.fwisd.org/departments/risk-management/workers-compensation/medical-providers>

If I am hurt on the job, I understand that:

1. I must choose a Treating Doctor from the list of doctors in the TOP network of doctors.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I needed emergency care, I may go to any hospital emergency room. After emergency care, I must still select a Treating Doctor and make an appointment immediately following my discharge from the emergency department.
3. My Employer/Carrier will pay for all compensable medical care provided by my treating doctor and other network medical providers.
4. I might have to pay medical bills, if I receive medical care from someone other than a network doctor, without network approval.
5. FWISD Departments, network stakeholders, providers, and regulatory authorities in Texas Workers' Compensation Statutes and Rules include: Risk Management/Workers' Compensation, Health Services, Tristar – Claims Handling, CareWorks – Nurse Case Management, Injury Management Operations (IMO) – Pre-Authorizations & Bill Review, and the Texas Department of Insurance Division of Workers' Compensation (DWC)

(Employee's Printed Name)

(Employee ID. Number)

(Employee's Signature)

(Date)

Date of Accident:

Location #



TRISTAR AspenCompRX First Fill Process

(Effective 02.01.25)

FWISD's Third Party Administrator, Tristar Risk Management, provides a pharmacy benefit for FWISD injured employees. The AspenCompRX First Fill process is designed to ensure injured employees receive prescribed medications pursuant to Statutory Texas Workers' Compensation Rules.

It is important for injured employees to note that some prescription medications require pre-authorization approval under Texas Statutory Workers' Compensation and will not be dispensed by pharmacies to injured employees until and if approved.

Pharmacy benefit cards are provided to injured employees via text message therefore it is beneficial for all injured employees to provide their personal cellular telephone numbers as part of the accident/injury reporting process. In the event an injured employee did not provide a cellular telephone number as part of the accident/injury reporting process, their assigned Claims Adjusters can assist them or, if an adjuster is not available, a member of the Risk Management Workers' Compensation Section can assist the injured employee.

Work Status Report Instructions for Injured Employee & Supervisor

Injured Employee & Supervisor Work Status Report Responsibilities:

1. Injured employees are instructed to provide their Texas Workers' Compensation Work Status Report (Work Status Report) to their immediate supervisor each time they receive a Work Status Report. Supervisors are required to follow the steps outlined in this document each time they receive a Work Status Report from the injured employee.
2. If the Texas Workers' Compensation Work Status Report received by the injured employee's supervisor indicates **Return – to -Work Without Restricted Work Activity**, the supervisor is required to: **(A)** Send an email to the departments listed below with a copy of the injured employee's Work Status Report attached to the email and **(B)** Ensure the email lists the date the employee is scheduled to report to work. **Supervisors and injured employees are instructed to contact the Health Services Department regarding clearance to return to work before they report to their work location. The injured employee and their supervisor are collectively responsible for ensuring the Health Services has copies of their Texas Workers' Compensation Work Status Reports in preparation for clearance to return to work.**
 - a) workerscomp@fwisd.org
 - b) leaves@fwisd.org
 - c) emp.health@fwisd.org
3. If the Texas Workers' Compensation Work Status Report received by the injured employee supervisor lists any work activity restrictions, the supervisor is responsible for determining whether they can accommodate the injured employee's work activity restrictions.
4. If the supervisor **can accommodate the work activity restrictions**, they are required to: **(A)** Send an email to the departments listed below with a copy of the injured employee's Work Status Report attached to the email, **(B)** Ensure the email states that the supervisor can accommodate the work activity restrictions listed in the Work Status Report attached to the email, and **(C)** Ensure the email lists the date the employee is scheduled to report to work. **Supervisors and injured employees are instructed to contact the Health Services Department regarding clearance to return to work before they report to their work location. The injured employee and their supervisor are collectively responsible for ensuring the Health Services has copies of their Texas Workers' Compensation Work Status Reports in preparation for clearance to return to work.**
 - a) workerscomp@fwisd.org
 - b) leaves@fwisd.org
 - c) emp.health@fwisd.org
5. Supervisor are required to **repeat Steps 1 through 4** each time they receive a Work Status Report from their injured employee.
6. If the restrictions **can be accommodated** or the injured employee is released to return to work **WITHOUT restricted work activities**, the injured employee is required to contact the Health Services Department (emp.health@fwisd.org or 817.814.2990) and obtain clearance to return to work **BEFORE they report to their work location**. The injured employee is responsible for providing copies of their Texas Workers' Compensation Work Status Reports to the Health Service Department.

Work Status Report Instructions for Injured Employee & Supervisor

7. If the restrictions **CANNOT be accommodated** or the injured **employee's treating doctor does not allow the injured employee to return to work**, the injured employee must stay home until they receive a Texas Workers' Compensation Work Status Report with restrictions that their supervisor **CAN accommodate** or they receive a Texas Workers Compensation Work Status Report indicating that they can return to work **WITHOUT restrictions**.
8. Injured employees absent from work for personal medical reasons, including work-related injuries, for a period of ten (10) or more consecutive workdays must apply for a leave of absence and provide a copy of their Texas Workers' Compensation Work Status Report to the Leaves Office (leaves@fwisd.org or 817.814.2790). Injured employees meeting this criteria should contact the Leaves Office (leaves@fwisd.org or 817.814.2790). Leaves of Absence information can be found at <https://www.fwisd.org/departments/benefits>.
9. Injured employees that become eligible to receive TIBs during their absence from work are required to enter their absences as **"Sick"** for the first seven (7) calendar days following their injury date. Absences beyond the first seven (7) calendar days should be entered as **"Workers' Compensation"** in the timekeeping system. TIBs, in lay terms, are approximately seventy percent (70%) of the injured employee's normal weekly wage. TIBs are paid weekly and are mailed to the injured employee's mailing address on file with FWISD. Injured employees are allowed to elect to use accrued leave time to make up the thirty percent (30%) that is not paid by TIBs. Injured employees are advised to contact the Payroll Department if they elect **NOT TO USE ACCRUED LEAVE TIME** to discuss payment for any **Voluntary Benefit Deductions** while they are off work.

Note: FWISD employees not regularly scheduled to work Saturdays and Sundays should only report **"Sick"** or **"Workers' Compensation"** as described in this section for the five (5) workdays they are regularly scheduled to work in the timekeeping system and not record anything for Saturdays and Sundays.
10. An **"Accrued Leave Election Form"** is available in the **"Injured Employee & Supervisor Workers' Compensation Packet"** and under **"Workers' Compensation Forms, Applications & Resources"** on the Workers' Compensation Webpage.
11. Injured employees desiring to use accrued leave time to make up the thirty percent (30%) of their salary not paid by TIBs, need to complete the Accrued Leave Election Form and send it to Payroll. If an injured employee does not submit the Accrued Leave Election Form indicating that they desire to be paid accrued leave while absent from work on a work-related injury, they will not be paid any accrued leave during their work-related absence. Questions regarding District pay should be directed to the Payroll Department.

Return-to-Work Process

Overview

The return-to-work process aims to facilitate the return of an employee – often someone who has a personal medical leave of absence, or is recovering from an illness or injury – to their job as soon as medically feasible. For additional information, reference District Board Policy DEC available at:

<https://pol.tasb.org/PolicyOnline/PolicyDetails?key=1101&code=DEC#regulationsTabContent>.

Return to Work Following a Personal Medical Reason with No Restrictions

Employees who are absent for a personal medical reason extending a period of ten (10) or more consecutive workdays must apply for a leave of absence. An employee granted leave for a personal medical reason must report to and receive clearance from the Health Services Department before returning to work. The employee must have a health-care provider's written statement or release confirming the specific dates of the illness, restrictions, if any, and the date the employee may return to work.

Obtaining Clearance to Return to Work from Health Services (No Restrictions)

1. The employee applies for a leave of absence. Confirmation that the leave request was approved is provided by Leaves and ADA Management.
2. The employee obtains a health-care provider's release to return to work.
3. The employee completes a Return to Work Information Form.
4. The employee submits return to work documents to emp.health@fwisd.org.
5. Health Services will send an email to the employee clearing the employee to return to work.
6. The employee reports to their work location.

Return to Work with Medical Restrictions

Employees who have medical restrictions must report to the Health Services Department. The employee must have a health-care provider's written statement listing the employee's specific restrictions, limitations, and the duration of restrictions. When restrictions are expected to last less than six months, Health Services in conjunction with the employee's supervisor will make the final determination as to whether the employee will be permitted to return to work.

Obtaining Clearance to Return to Work from Health Services (With Restrictions)

1. The employee obtains a health-care provider's written statement listing the employee's specific restrictions, limitations, and the duration of restrictions.
2. The employee completes a Return to Work Information Form.
3. The employee submits both documents to emp.health@fwisd.org.
4. If the restrictions will be accommodated,
 - a. Health Services provides a modified duty agreement for the employee to sign
 - b. Health Services will send an email to the employee clearing the employee to return to work
 - c. The employee reports to their work location
5. If the restrictions are recommended for more than six months, permanent and/or not accommodated by the supervisor; the employee will be referred to Leaves and ADA Management.



Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.



Aviso sobre los Derechos y Responsabilidades para los Empleados Lesionados en el Sistema de Compensación para Trabajadores de Texas

En Texas, usted como empleado lesionado tiene derecho a recibir ayuda gratuita por parte de la Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel -OIEC, por su nombre y siglas en inglés). Esta ayuda se ofrece en las oficinas locales en todo el estado. Las oficinas locales también proporcionan otros servicios del sistema de compensación para trabajadores por parte del Departamento de Seguros de Texas (Texas Department of Insurance -TDI, por su nombre y siglas en inglés). TDI, es la agencia estatal que regula y administra el sistema de compensación para trabajadores mediante la División de Compensación para Trabajadores (Division of Workers' Compensation -DWC, por su nombre y siglas en inglés).

Muchos de los servicios que son proporcionados por parte de OIEC y de DWC pueden ser llevados a cabo por teléfono. Usted puede comunicarse con OIEC llamando al teléfono gratuito 1-866-EZE-OIEC (1-866-393-6432). Visite el sitio Web de OIEC en www.oiec.texas.gov, para obtener información adicional, incluyendo la ubicación de las oficinas. Usted puede comunicarse con DWC llamando al teléfono gratuito 1-800-252-7031. La información de DWC se encuentra disponible en la página de Internet: www.tdi.texas.gov.

Sus Derechos Dentro del Sistema de Compensación para Trabajadores de Texas:

1. Usted tiene derecho a contratar a un abogado para asistirle con su reclamación de compensación para trabajadores.

Para obtener asistencia para encontrar a un abogado, llame al servicio de recomendación de abogados de la Barra de Abogados del Estado de Texas (State Bar of Texas, por su nombre en inglés) al 1-877-983-9227 o visite www.texasbar.com. La información sobre la recomendación de abogados también puede encontrarse en la página de Internet de OIEC en www.oiec.texas.gov.

2. Usted tiene derecho a recibir asistencia por parte de OIEC si no cuenta con un abogado.

Los Representantes de Servicio al Cliente de OIEC, así como los Ombudsman están disponibles para responder a sus preguntas y proporcionarle asistencia con su reclamación de compensación para trabajadores ya sea llamando a OIEC o visitando una de las oficinas de OIEC. **Usted debe firmar una autorización por escrito antes que un empleado de OIEC pueda tener acceso a la información sobre su reclamación.** Llame o visite una oficina de OIEC para completar la autorización por escrito. Los Representantes de Servicio al Cliente de OIEC y los Ombudsman han sido entrenados en el campo de compensación para trabajadores y pueden ayudarle a programar un procedimiento de resolución de disputas, relacionado con su reclamación de compensación para trabajadores. Un ombudsman también puede asistirle en una Conferencia para Revisión de Beneficios (Benefit Review Conference -BRC, por su nombre y siglas en inglés), en una Audiencia para Disputar Beneficios (Contested Case Hearing -CCH, por su nombre y siglas en inglés), y en una apelación. Sin embargo, un Ombudsman no puede tomar decisiones por usted, ni dar opiniones por usted o proporcionar asesoramiento legal.

3. Con ciertas excepciones, usted tiene derecho a recibir beneficios médicos y beneficios de ingresos sin importar quién tuvo la culpa de su lesión. Sus beneficiarios podían tener derecho a recibir beneficios por causa de muerte y beneficios de gastos para el entierro.

La información sobre las excepciones puede encontrarse en www.tdi.texas.gov o consultando al personal de OIEC.

4. Usted puede tener derecho a recibir atención médica para atender su lesión o enfermedad que sucedió en el área de trabajo, durante todo el tiempo que sea médicamente necesario y relacionado con la lesión que sucedió en el área de trabajo.

Usted puede tener derecho a recibir un reembolso por los gastos incurridos después de viajar para asistir a una cita médica o a un examen médico requerido (required medical examination, por su nombre en inglés), si el viaje cumple con las condiciones de calificación.

5. Usted puede tener derecho a recibir beneficios de ingresos por su lesión relacionada con el trabajo.

Existen varios tipos de beneficios de ingresos, así como requisitos de elegibilidad. La información sobre los tipos de beneficios de ingresos que pueden estar disponibles, y los requisitos de elegibilidad pueden ser encontrados en www.tdi.texas.gov o consultando al personal de OIEC.

6. Usted puede tener derecho a una resolución de disputas con respecto a sus beneficios de ingresos y beneficios médicos.

Usted puede solicitar una Resolución de Disputas Médicas (Medical Dispute Resolution, por su nombre en inglés) si está en desacuerdo con la aseguradora sobre los beneficios médicos. Usted puede solicitar una Resolución de Disputas por Indemnización (Ingresos) (Indemnity (Income) Dispute Resolution, por su nombre en inglés), si está en desacuerdo con la aseguradora sobre los beneficios de ingresos. La ley establece que sus procedimientos de resolución de disputas sean llevados a cabo dentro de 75 millas del domicilio suyo.

7. Usted tiene derecho a escoger a su médico de tratamiento.

Si usted pertenece a una red de servicios médicos de compensación para trabajadores (Workers' Compensation Health Care Network), (red), debe escoger a su médico de la lista de médicos de tratamiento de la red. Usted puede cambiar a su médico de tratamiento una sola vez sin la necesidad de obtener la aprobación de la red. Si no pertenece a una red, usted puede inicialmente escoger a cualquier médico que esté dispuesto a atender su lesión de compensación para trabajadores; sin embargo, si usted no pertenece a una red, el cambio de su médico de tratamiento debe ser pre-aprobado por DWC. Si es empleado de una subdivisión política, tal como la ciudad, el condado, o el distrito escolar, usted deberá seguir los reglamentos de dicha subdivisión política para escoger a un médico de tratamiento. Es importante seguir todos los reglamentos en el sistema de compensación para trabajadores. **Si usted no sigue estos reglamentos, podría ser considerado responsable por el pago de las facturas médicas.** El personal de OIEC puede ayudarle a entender estos reglamentos.

8. Usted tiene derecho a que la información sobre su reclamación de compensación para trabajadores se mantenga confidencial.

En la mayoría de los casos, el contenido del expediente de su reclamación no puede ser obtenido por otras personas. Algunos participantes tienen derecho a conocer el contenido del expediente de su reclamación, tal como su empleador o la aseguradora de su empleador. También, un empleador que esté considerando contratarle a usted puede obtener información limitada por parte de DWC sobre su reclamación.

Sus Responsabilidades Dentro del Sistema de Compensación para Trabajadores de Texas:

1. Usted tiene la responsabilidad de informar a su empleador si se ha lesionado en el trabajo mientras desempeñaba sus deberes de trabajo. Usted debe informar a su empleador dentro de 30 días a partir de la fecha en que sucedió su lesión o del día en que usted se dio cuenta que su lesión o enfermedad podría estar relacionada con su trabajo.

2. Usted tiene la responsabilidad de saber si pertenece a una Red de Servicios Médicos de Compensación para Trabajadores (red) (Workers' Compensation Health Care Network -network).

Si no sabe si pertenece a una red de servicios médicos, pregúntele al empleador para el cual usted trabajaba al momento en que ocurrió su lesión. Si pertenece a una red, es su responsabilidad seguir los reglamentos de dicha red. Si usted encuentra algo que no entiende, pregunte a su empleador o llame a OIEC. Si desea presentar una queja sobre una red, llame a la Línea de Ayuda al Consumidor de TDI (TDI's Consumer Help Line, por su nombre en inglés) al 1-800-252-3439 o presente su queja en línea en www.tdi.texas.gov/consumer/complfrm.html#wc.

3. Si usted trabajó para una subdivisión política (p. ej. la ciudad, el condado o el distrito escolar) al momento en que sucedió su lesión, es su responsabilidad averiguar cómo recibir tratamiento médico.

Su empleador debe poder proporcionar la información que usted necesita para determinar cuáles son los proveedores de servicios médicos que pueden atender su lesión relacionada con el trabajo.

4. Usted tiene la responsabilidad de informar a su médico cómo es que usted se lesionó y determinar si la lesión está relacionada con el trabajo.

5. Usted tiene la responsabilidad de completar y enviar a DWC el Formulario DWC-041, Reclamo del Empleado para Compensación por una Lesión Relacionada con el Trabajo o Enfermedad Ocupacional.

Usted cuenta con un año para enviar el formulario después de haberse lesionado o después de haberse enterado que su enfermedad podría estar relacionada con su trabajo. Complete y envíe el Formulario DWC-041 aun si ya está recibiendo beneficios. Usted puede perder su derecho a recibir beneficios si no envía a tiempo el formulario completo a DWC. Para obtener una copia del Formulario DWC-041 comuníquese con DWC o con OIEC.

6. Usted tiene la responsabilidad de proporcionar su dirección actual, número de teléfono e información sobre su empleador a DWC y a la aseguradora. Usted puede comunicarse con DWC al 1-800-252-7031.

7. Usted tiene la responsabilidad de informarle a DWC y a la aseguradora cada vez que haya un cambio en el estado de su empleo o su salario.

(Algunos ejemplos de cambios incluyen: si deja de trabajar a causa de su lesión; si usted regresa a trabajar; o si recibe una oferta de trabajo).

8. Los beneficiarios que son elegibles o las personas que buscan obtener beneficios por causa de muerte o beneficios de gastos para el entierro, tienen la responsabilidad de completar y enviar a DWC el Formulario DWC-042, Reclamación del Beneficiario para Obtener Beneficios por Causa de Muerte dentro de un año, a partir de la fecha en que el empleado falleció.

9. Usted tiene prohibido hacer reclamaciones o demandas injustificadas o fraudulentas.

Accrued Leave Election Form

Fort Worth
INDEPENDENT SCHOOL DISTRICT

Under the Texas Workers' Compensation Act (the Act), if your injury or illness results in lost-time from work, you may be entitled to income benefits. In addition, the Act provides (Texas Labor Code Section 504.052 - Sick Leave Benefits):

- a. The governing body of a political sub-division, by majority vote, may provide that while an employee of the political sub-division is receiving benefits under this chapter, the employee may elect to receive previously accrued sick leave benefits, whether statutory or contractual, in an amount equal to the difference between the benefits under this chapter and the weekly compensation that the employee was receiving before the injury that resulted in the claim.
- b. Sick leave benefits received under subsection (a) shall be deducted proportionally from the employee's sick leave balance.
- c. This section does not limit the medical benefits to be paid to the employee. A sick leave plan may not require an employee to take sick leave benefits before receiving benefits under this chapter.

Please indicate your election regarding the use of your accrued leave balances below, print your name, sign your name, and annotate the date appropriately.

I do _____ / I do not _____ elect to use my available (sick, vacation, personal) leave balances in order to receive benefits in an amount equal to the difference between the benefits I may receive under the Texas Workers' Compensation Act and the weekly compensation I was receiving before my injury or illness that resulted in my work-related injury claim.

Employee's Printed Name (First/Middle Initial/Last Name)

Employee ID. Number

Employee's Signature

Date

Date of Injury:

Location#