

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 e.g., Form DWC - 73) to their immediate supervisor, **or multiple supervisors if they report to multiple supervisors or serve in multiple roles**, 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.

IMPORTANT NOTE: ALL SUPERVISORS WITH AUTHORITY OVER THE INJURED EMPLOYEE ARE RESPONSIBLE FOR FOLLOWING THE PROCESS OUTLINED IN THIS DOCUMENT. THIS MEANS, ANY AND ALL SUPERVISORS THAT SUPERVISES THE INJURED EMPLOYEE OR THAT WILL BE SUPERVISING THE INJURED EMPLOYEE WHETHER TEMPORARY OR PERMANENTLY ASSIGNED SITE, DISTRICT LEVEL AND/OR CAMPUS LEVEL.

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.**

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5. Supervisor are required to **repeat Steps 1 through 4** each time they receive a Work Status Report from their injured employee.

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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.
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.