



Lawndale Elementary School District
Department of Human Resources
4161 West 147th Street
Lawndale, CA 90260

WORKERS' COMPENSATION CLAIM PROCEDURES FOR SCHOOL SITES AND DEPARTMENTS

Injured Employee Name: _____

CHECKLIST

When an employee reports a work accident/injury requiring medical treatment:

- _____ For medical emergencies, call 9-1-1. For non-emergencies, call the Company Nurse to report injury @ 1-866-971-8289
- _____ Report the injury to the Business Office (Deputy Superintendent of Business).
- _____ Employee completes top half of form DWC, lines 1-8 (see sample) Please be sure line 6, describing the injury, is completed.
- _____ School administrator or designee completes bottom half of form DWC, lines 9-18 (see sample).
- _____ Give employee the DWC cover page (Notice of Potential Eligibility), a copy of the DWC (last page) and a WellComp Medical Provider Network pamphlet. Please be sure the employee signs a receipt for the DWC cover page, and the Wellcomp pamphlet.
- _____ Send three (3) hard copies of DWC form to the Business Office (Deputy Superintendent of Business) immediately
- _____ If medical treatment is recommended and the employee declines, the employee should complete a DWC and a Declination of Medical Treatment Form. The claim would be a "Record Only" and the DWC would be kept on file. Send the form to the Business Office (Deputy Superintendent of Business).

Send a copy of this completed form to the Business Office.

IMPORTANT: Form DWC must be completed by employee within 24 hours.

Completed By _____ Date _____