



LHISD WORKERS COMP PROCESS

IN THE CASE
OF AN
EMERGENCY,
CALL 911

WORK RELATED INJURY



Employee reports injury to
School Nurse & Supervisor.



EMPLOYEE NEEDS MEDICAL
ATTENTION

WC PACKET

SEND COMPLETED (signed by Supervisor) FIRST
REPORT OF INJURY and HIPAA form to
workerscomp@libertyhill.txed.net as 'MEDICAL
NEEDED'

EMPLOYEE LEAVES WORK

Supervisor and/or employee enters regularly
scheduled hours into timesheet for the date
of injury (only)

Employee returns with a WORK RELEASE
AND/OR RESTRICTIONS (DWC73) - send to
workerscomp@libertyhill.txed.net

INJURY IS TREATED BY
NURSE

WC PACKET

SEND COMPLETED (signed by Supervisor) FIRST
REPORT OF INJURY and HIPAA form to
workerscomp@libertyhill.txed.net as 'REPORT
ONLY'

EMPLOYEE RETURNS TO WORK

No further action needed

LHISD WC CONTACT INFORMATION
workerscomp@libertyhill.txed.net
HR Office - (512) 260-5586

RETURN TO WORK FULL RELEASE

Employee
returns to full
duty with **NO**
restrictions.

RETURN TO WORK WITH RESTRICTIONS

Employee returns to work and LHISD
will accommodate restrictions until a
full work release is received from
follow-up appointments.

EMPLOYEE IS NOT RELEASED TO RETURN TO WORK

Employee cannot return to work per
physician. Employee will continue
follow-up appointments and continue
to update Supervisor and HR until
released.

Employee must continue with ALL follow-up doctor appointments and bring DWC 73 with work restrictions until fully released.