SUPERVISOR INJURED WORKER CHECKLIST

INITIALLY

☐ Direct employee to seek medical attention from one of CSU’s designated medical providers and provide them the list. Please give the employee authorized physician list. Have them sign receipt of such a forward signed copy to Risk Management: workcomp@colostate.edu fax 491-4804 or 6002 Campus delivery

☐ Review the 1st report of injury to ensure accurate account of injury. Provide us with any changes, additions or questions you have regarding the claim.

☐ Review the Employee Guide with the employee and have them sign it. Give them a copy and keep one for your records and return a signed copy to Risk Management

☐ Ensure you are clear on what the Employee Guide is stating. Please contact Kenda t 491-4832 if you have any questions

☐ Notify Risk Management 491-4832 of any concerns or information that may be beneficial.

☐ Review medical document(s) regarding work status/restrictions. Employees should keep you informed of all appointments and provide you with a Work Status report each time the see the Authorized WC treating physician.

☐ If you have work for the employee within the outlined restrictions, complete modified duty letter, and return to Risk Management - 141 General Services Building, Interoffice mail 6002, fax 491-4804 or e-mail workcomp@colostate.edu These forms are available on line at http://rmi.prep.colostate.edu/workers-compensation/forms/

☐ If you do not have work for the employee direct them to Risk Management and call to inform us of status 491-6745

☐ If the employee is going to be off work – you need to provide information to your department’s human resource or payroll person so that lost time can be reported. Any time missed from work for their injury must have medical documentation; this must also be reported to your department’s HR. Time that doesn’t have medical documentation will not be injury leave but personal leave.
   **Please note that even if hourly employees aren’t on your schedule, if they are not a work due to the injury, lost time needs to be turned in for normal hours worked.

WEEKLY

☐ Make sure Injury Time report sheet is completed, signed and sent to your department’s HR or to CSU Risk Management, 141 General Services Building, inter-office mail 6002, fax 491-4804 or e-mailed kweigang@colostate.edu You can also report it on line at: http://rmi.prep.colostate.edu/workers-compensation/lost-time/
   ○ Ensure needed medical documentation is attached or employee is advised that without it, time missed will be personal leave.

☐ Review current medical documentation and address any changes needed in temporary modified duty and the pursuit of full duty. (even if the employee isn’t working for you they should still update you with their status) You may want to set up a time for them to come by or call each week.

☐ If employee is working check with them to see how things are going.

☐ Advise Risk Management (491-4832) and departmental personnel of any changes or concerns.

If you have any questions please contact:  Kenda or Sharon 491-6745
   e-mail: Kenda.Weigang@colostate.edu