



## University of Texas at Arlington Supervisors Workers' Compensation Guidelines

These guidelines have been designed to guide you through the Workers' Compensation (WC) process after one of your employees has reported a work-related injury to you.

Please feel free to contact The University of Texas at Arlington (UTA) WC Claims Analyst at 817-272-5563 between 9:00 am and 5:00 pm weekdays or leave a voice mail message if you have any questions about this process.

***All documents in these guidelines written in blue and underlined have been hyperlinked so that you can access the document by clicking on the highlighted text. All of the forms referenced in these guidelines can also be found on the [EH&S website](#) in the WC section.***

The health and safety of all UTA employees is a high priority for our institution. Your diligence in communicating with the WC program in the Environmental Health & Safety Office (EH&S) is crucial so that all available resources can be directed promptly to support your employees when they are injured at work.

Reporting timelines have been established by law for specific information related to all WC claims, so your full cooperation in providing information to the UTA WC Claims Analyst within the timelines mentioned in these guidelines is essential.

The University of Texas (UT) System is committed to promoting a safe and healthy work environment. UT System has contracted with a WC Healthcare Network to assist all employees who have been injured on the job to obtain prompt, appropriate medical treatment.

This network only applies to work-related injuries and has no impact on health insurance benefits offered by UT System.



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#	Task	Task Details
1.	<b>Assess the condition of your injured employee</b>	<p>Immediately assess the condition of your injured employee. If your employee needs immediate emergency medical attention or if they are unable to drive themselves to a treatment facility, call UTA Police Dispatch at 817-272-3003 to request an ambulance. Your injured employee can be transported by ambulance to the emergency facility of their choice.</p> <p>If your employee wants medical attention, other than emergency care, they should drive themselves to a <a href="#">physician of their choice</a> within the WC Healthcare Network.</p> <p><i>It is important to inform your employee that they must always select a non-emergency medical provider from the WC Healthcare Network <a href="#">list of doctors</a> in order for their medical bills to be considered for payment under WC if their injury is deemed compensable by the UT System Third Party Administrator (TPA) Claims Adjuster.</i> They can enter the zip code and the mileage radius desired in the search and a list of doctors will be generated.</p> <p>All follow-up appointments after an injured employee has received emergency room care must also be made with one of the doctors within the WC Healthcare Network.</p>
2.	<b>Give three (3) forms to the injured employee</b>	<p>If your employee intends to seek medical attention, complete and sign the <a href="#">Notification of a Work-Related Injury or Occupational Disease</a> form and give it to them to present to the clinic or doctor of their choice prior to receiving treatment. This form will confirm that your employee has reported a work-related injury to you and provides billing information to the clinic or doctor.</p> <p>Advise your employee to present this form with their UTA staff ID card when they arrive for treatment. In addition, remind your employee that they are not required to make copayments for</p>



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		<p>services received for work-related injuries.</p> <p>In addition, if your employee plans to seek medical treatment, give them a printed copy of the WC Pharmacy Card. Instruct your injured employee to present this entire page to their pharmacy if their treating physician prescribes medication for their work-related injuries.</p> <p>This document serves as a temporary prescription card. A permanent prescription card will be forwarded directly to the employee within 3 to 5 business days after they have obtained their first prescription.</p> <p>You are also advised to give your employee a copy of the <a href="#"><u><b>Injured Employee Workers' Compensation Guidelines</b></u></a> to help them understand what is required of them in order for their WC claims to be processed properly.</p>
3.	<b>Call the WC Claims Analyst</b>	<p><b>As soon as possible after you become aware that your employee has been injured at work, call the UTA WC Claims Analyst at 817-272-5563 to give verbal notification of the injury.</b></p> <p>If the UTA WC Claims Analyst is unable to answer the phone, please leave a voice mail message providing the following information:</p> <ul style="list-style-type: none"> <li>• name of the injured employee</li> <li>• nature of the injury</li> <li>• date, time and location of the reported occurrence</li> <li>• your name</li> <li>• phone number where you can be contacted</li> </ul>



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4.	<b>Complete an injury report</b>	<p>You, or your designee, must complete and sign the <a href="#"><u>Supervisor's Report of Employee Work-Related Injury or Occupational Disease</u></a> form.</p> <p>This signed form must be sent to the UTA WC Claims Analyst within twenty-four (24) hours after you have become aware of your employee's injury.</p> <p>The signed form can be faxed to: 817-272-0273</p> <p>Or, the document can be scanned and emailed to: <a href="mailto:workerscompensation@uta.edu"><u>workerscompensation@uta.edu</u></a></p> <p>If your designee completes and signs this form, your signature will also be required.</p>
5.	<b>UT System TPA Claims Adjuster will contact you.</b>	<p>If your employee has sought medical attention and/or missed time from work because of their injury, a UT System TPA Claims Adjuster will contact you to take a recorded statement regarding the circumstances of your employee's injury. So, it is important that you have thoroughly investigated the circumstances of your employee's injury and are prepared to discuss these circumstances with the UT System TPA Claims Adjuster.</p>
6.	<b>Instruct your employee to complete &amp; sign the injury report &amp; the Health Care Network Acknowledgement form</b>	<p>Instruct your injured employee to complete and sign the <a href="#"><u>Employee's Report of a Work-Related Injury or Occupational Disease</u></a> form.</p> <p><b>Your signature is also required on this completed form.</b> Please ensure that your employee answers all of the questions.</p> <p>Your injured employee is also required to indicate their residential address and sign the WC Health Care Network Acknowledgement form at the time of injury.</p>



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		<p>Links to English, Spanish &amp; Vietnamese versions of this form are included below:</p> <p><a href="#">Workers' Compensation Network Acknowledgement Form (English)</a></p> <p><a href="#">Workers' Compensation Network Acknowledgement Form (Spanish)</a></p> <p><a href="#">Workers' Compensation Network Acknowledgement Form (Vietnamese)</a></p> <p>These signed forms must be sent to the UTA WC Claims Analyst within twenty-four (24) hours after you have become aware of your employee's injury.</p> <p>The signed form can be faxed to: 817-272-0273</p> <p>Or, the document can be scanned and emailed to: <a href="mailto:workerscompensation@uta.edu">workerscompensation@uta.edu</a></p> <p>In addition to the two forms listed above, you are also required to give your injured employee a printed copy of the Notice of Network Requirements. <b><i>You are not required to send this notice to the UTA WC Program.</i></b></p> <p>Links to English, Spanish &amp; Vietnamese versions of this Notice are included below:</p> <p><a href="#">Notice of Network Requirements for UT System (English)</a></p> <p><a href="#">Notice of Network Requirements for UT System (Spanish)</a></p> <p><a href="#">Notice of Network Requirements for UT System (Vietnamese)</a></p>



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		<p>Please give your employee the links below, appropriate for their language, so they can access the WC Health Care Network Employee Handbook for the University of Texas System.</p> <p><a href="#">Health Care Network Employee Handbook (English)</a></p> <p><a href="#">Health Care Network Employee Handbook (Spanish)</a></p> <p><a href="#">Health Care Network Employee Handbook (Vietnamese)</a></p>
7.	<b>Work Status Reports</b>	<p>When your employee seeks medical attention, inform them that they are required to give you a copy of every Work Status Report that has been completed by their treating physician.</p>
8.	<b>Review work restrictions</b>	<p>If your injured employee receives Work Status Reports which indicate they can return to work with restrictions, the UTA WC Claims Analyst will contact you to discuss whether or not you will be able to accommodate these work restrictions.</p> <p>Sometimes treating physicians order work restrictions for an injured employee that will not require special accommodations in order for them to continue working their regular job. In this case, your employee can continue to work their regular job, with the understanding that they will follow their work restrictions both at work and at home.</p> <p>In such case, you and your employee will need to sign a Work Agreement Waiver that will be prepared for you by the UTA WC Claims Analyst.</p>



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8.	<b>Work Agreements</b>	<p>If your employee's work restrictions will require a modification to their regular job and your department will be able to accommodate their restrictions, a work agreement will be prepared by the UTA WC Claims Analyst.</p> <p>If your department is unable to accommodate your employee's work restrictions, the UTA WC Claims Analyst will attempt to place your employee in a different "host" UTA department temporarily. A work agreement will be prepared by the UTA WC Claims Analyst.</p> <p>Your injured employee will continue to receive their regular paycheck as long as they are working in a modified duty position, whether they are working in their home department or a host department.</p>
9.	<b>Set Up a Separate WC Employee File</b>	<p><b>If you choose to keep copies of paperwork submitted to the UTA Claims Analyst, it is important that you set up a separate file in your department for each injured employee that is not part of his/her personnel record.</b></p>
10.	<b>Lost Time</b>	<p><b><i>You should NOT require your injured employee to take accrued leave for any time they miss from work on the day of their work-related injury, even if they don't seek medical attention</i></b></p> <p>However, your employee should be required to use accrued leave for any time they miss from work for medical treatment or physical therapy they receive after the actual day of their injury.</p> <p>If your employee misses any regularly scheduled work days (other than the actual day of their injury), because of difficulties related to their injury, their WC claim will be considered to be a "Lost Time" claim.</p>



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#	Task	Task Details
		<b><i>It is important that you notify the UTA WC Claims Analyst immediately at 817-272-5563 any time your employee begins to lose time from work due to their work-related injuries.</i></b>
11.	<b>Lost Time:</b>  WC Claims Analyst will call	If your employee misses time from work because of their work-related injuries, tell them that the UTA WC Claims Analyst will contact them to discuss their options for designating their time off from work; i.e., sick time or leave without pay.
12.	<b>Lost Time:</b>  Sign form	<p>The UTA WC Claims Analyst will email a <b>Request for Paid Leave</b> form to you that reflects your employee's preference as to how they will designate this time off work. You and your employee are required to sign this form.</p> <p>After you have both signed this form, it is important that you send it to the UTA WC Claims Analyst as soon as possible.</p> <p>The signed form can be faxed to: 817-272-0273</p> <p>Or, the document can be scanned and emailed to: <a href="mailto:workerscompensation@uta.edu">workerscompensation@uta.edu</a> You should also inform your department's timekeeper about how your employee has chosen to take time off from work.</p>
13.	<b>Return to Work</b>	<b><i>It is important that you notify the UTA WC Claims Analyst immediately at 817-272-5563 when your employee returns to work after losing time due to their work-related injury.</i></b>