

# SUPERVISOR/DEPARTMENT CHECKLIST

## On-the-Job Injury/Illness Reporting

University of Tennessee

Workers' Compensation Office  
Conference Center Building 115

### COMMUNICATION WITH INJURED EMPLOYEE

Provide Accident Report for employee to complete/sign/date

\_\_\_\_\_ Discuss need to use State-approved physicians

If employee will be off work beyond day of injury:

\_\_\_\_\_ Establish how, and how frequently, employee must check in with Department

\_\_\_\_\_ Discuss leave options with employee (paid or unpaid)

\_\_\_\_\_ If employee elects to take leave-without-pay, initiate status change in personnel system

### FORMS: TO MAKE INITIAL REPORT OF INJURY

(1) "Accident Report" ( State of Tennessee required form )

\_\_\_\_\_ completed and signed by employee

\_\_\_\_\_ completed and signed by Supervisor

send to:

\_\_\_\_\_ Workers' Comp Office (original)

\_\_\_\_\_ Safety Officer (copy or fax)

(2) "Supervisor's Report of Employee Accident"

\_\_\_\_\_ completed and signed by Supervisor

send to:

\_\_\_\_\_ Workers' Comp Office (original)

\_\_\_\_\_ Safety Officer (copy or fax)

(3) "Initial Medical Information Checklist" (OSHA-required information)

\_\_\_\_\_ completed by Supervisor or designee

send to: Workers' Comp Office

### FORMS: TO REPORT TIME LOSS BEYOND DAY OF INJURY

(1) "Lost Time/Return to Work Calendar"

\_\_\_\_\_ completed by Supervisor or Department Timekeeper

send to: Workers' Comp Office

(2) "Workers' Comp / Family Medical Leave" form (if employee loses more than 3 days of work)

\_\_\_\_\_ completed by Supervisor or designee

send to:

\_\_\_\_\_ Employee Relations Office (original)

\_\_\_\_\_ Workers' Comp Office (copy)