

WORKERS' COMPENSATION PROCEDURES REPORT

Supervisors should provide all injured workers with this form to complete concerning the injury/illness.

Signatures are required.

Injured Worker Name (print): _____

CorVel Claim Number: 0546-WC- _____ - _____ Date of Injury: _____

If the injury is LIFE-THREATENING/SERIOUS BODILY INJURY, CALL 911 or GO TO THE NEAREST EMERGENCY ROOM!

- If an injured worker is unable to report the injury, the injured worker's supervisor must immediately report the injury to 1-866-245-8588 Option 2.
- The supervisor must also notify the System Office of Risk Management: Call 865-974-5409 or Email riskmanagement@tennessee.edu

STEP 1: REPORT THE INJURY

- INJURED WORKERS WILL REPORT THE INJURY TO THEIR SUPERVISOR AND TO CORVEL
 - **1-866-245-8588 Option #1** (a 24/7 Nurse Triage Line)
 - The NURSE will discuss the appropriate level of treatment needed and direct the injured worker to the nearest authorized treatment physician/facility
 - If the injured worker agrees to self-care but later changes their mind, he/she must first call CorVel **Option 2** to obtain authorization to treat
- DO NOT seek any type of treatment prior to reporting the injury to CorVel
- All work-related injuries MUST be reported to CorVel
- If necessary injured workers supervisor or another designee may report injury using **Option 2**

TIMELY REPORTING PENALTIES

- INJURIES MUST BE REPORTED TO CORVEL WITHIN (3) THREE BUSINESS DAYS
The TN Division of Claims and Risk Management will assess a **\$500.00** departmental penalty each time an employee or employer does not report a work injury within three (3) business days after sustaining said injury

STEP 2: COMPLETE THE PAPERWORK

- 1) [Workers' Compensation Procedures](#)
- 2) [Workers' Compensation Injured Workers' Statement](#)
- 3) [Workers' Compensation Supervisor Statement](#)
- 4) [Transitional Duty Plan*](#)

*Complete this form ONLY when the injured worker is given work restrictions

All paperwork must be provided to your campus Workers' Compensation contact within **48 hours** of injury. If you do not know who your campus Workers' Compensation contact is, please contact your campus HR Department or the System Office of Risk Management at 865-974-5409

INJURED WORKER
RESPONSIBILITIES

It is my responsibility to:

- Keep my supervisor informed of my work status while receiving treatment for my work injury
- Provide my supervisor with a copy of my work status after each medical appointment
- Stay in contact with my claim adjuster at CorVel, and cooperate with them in all matters related to the treatment of my injury

Injured Worker Signature: _____

Supervisor/Designee Name (print): _____

Date: _____