THE UNIVERSITY OF TENNESSEE SYSTEM

WORKERS' COMPENSATION SUPERVISOR STATEMENT

Supervisors must complete this form concerning the injury/illness of their employee(s).
This form must be completed in its entirety by the supervisor and should be an accurate and truthful account of the injury/illness.
Signatures are required.

Check one: *Near Miss or Incident Only - No Treatment* ☐ *Accident Resulting in First Aid Only* ☐ *Accident Resulting in Injury* ☐

REQUIRED - CORVEL CLAIM NUMBER: 0546-WC- ____- _____

SECTION 1: INJURED WORKER (IW) PERSONAL INFORMATION

First Name _____MI ___ Last Name _____

Personnel #_____ PH#_____ Email_____

Campus_____Department_____Title_____

Work Location Address_____

SECTION 2: SUPERVISOR INFORMATION

Supervisor Name _____Title _____

PH# _____Email_____

SECTION 3: INJURY INFORMATION

Is there video footage? Yes ☐ No ☐ Has a police report been filed? Yes ☐ No ☐

Was IW transported by ambulance? Yes ☐ No ☐ If Yes, to what hospital? _____

Date IW returned to work_____ IW's Work Status_____

Is restricted duty available? Yes ☐ No ☐

Prior WC Claims? Yes ☐ No ☐ If Yes, Date(s) of Claim(s)_____

Is IW in good standing? Yes ☐ No ☐ If No, Why? _____

Does IW have any other jobs? Yes ☐ No ☐ If Yes, Where_____

Was a third party involved? Yes ☐ No ☐ If Yes, Contact Info_____

SECTION 4: SUPERVISOR ATTESTATION

I understand that the above-referenced information will be used by CorVel and or the State of TN to determine compensability for injuries to the employee and any false information provided may subject me to disciplinary action. I further understand that it is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

Supervisors' Printed Name_____

Supervisors' Signature_____Date_____

Submit the completed form, no later than 3 business days from the date of injury to the System Office of Risk Management: riskmanagement@tennessee.edu

Questions about this form? Contact the System Office of Risk Management:

865-974-5409

Revised: March 2023