

HOW TO SUBMIT SUPERVISOR STATEMENT

1. When your injured worker submits their online submission, the supervisor **listed in IRIS** will receive an email from notifications@origamirisk.com with the heading:

“SUBMIT SUPERVISOR STATEMENT for: WC-#####”

One of your employees has reported a work-related injury to UT Risk Management.

The Supervisor Statement contains information reported by your employee: [Click here](#).

Your tasks:

1. Ensure all fields are completed accurately.
2. Complete the “Injury Information” section at the bottom of the page.

Please submit this Supervisor Statement within **24 hours**.


If you have any questions, please contact Risk Management at riskmanagement@tennessee.edu or 865-974-5409.

Thank you,

UT System Office of Risk Management

2. Following the instructions in the email, you will Click the link to see the submission by your injured worker.
3. Review the information, make any corrections or clarifications as you see fit.
4. Scroll down to the "Injury Information" section and complete this area:

Injury Information

Is there video footage? *	<input type="radio"/> Yes <input type="radio"/> No	Is restricted duty available? *	<input type="radio"/> Yes <input type="radio"/> No
Has a police report been filed? *	<input type="radio"/> Yes <input type="radio"/> No	Prior Workers Comp Claim: *	<input type="radio"/> Yes <input type="radio"/> No
Was Injured Worker transported by ambulance? *	<input type="radio"/> Yes <input type="radio"/> No	Is Injured Worker in good standing? *	<input type="radio"/> Yes <input type="radio"/> No
Date Injured Worker returned to work: *	<input type="text"/> 	Does Injured Worker have any other jobs? *	<input type="radio"/> Yes <input type="radio"/> No
Injured Worker Work Status: *	<input type="text" value="- None Selected -"/>	Was a third party involved? *	<input type="radio"/> Yes <input type="radio"/> No

5. After you have entered all the information, enter the date at the bottom and sign.

I hereby certify that I assisted the employee or completed this form for the following reason(s):

I understand that the above referenced information will be used by CorVel/DCRMA to determine compensability action. I further understand that I should not complete this form unless there are exceptional circumstances present.

Supervisor Name:

Supervisor Date:



Supervisor Signature:

Sign Here

6. Submit the Report.

Submit Incident Report



Submit Incident Report