Workers Compensation
Claim Process

On-the-job injury or occupational disease occurs

Department completes Employer’s First Report of Injury (DWC-1 Form) and forwards to HSC Risk Management. Provide the Notice of Rights and Responsibilities statement to the injured employee.

Has employee missed time due to this injury?

NO

STOP

YES

Request for Paid Leave Form is completed and forwarded to HSC Risk Management. Proper leave procedures, including leave without pay (LWOP) must be followed if employee is on LWOP.

FMLA information is provided to the employee when absence due to injury/illness qualifies for FMLA.

Employee returns to work*, has additional days of temporary disability, resigns, terminates, or has salary change.

Employee misses 7 calendar days or less

Employee misses more than 7 calendar days

Employee’s Department sends Wage Statement (DWC-3 Form) to HSC Risk Management.

Department forwards Supplemental Report (DWC-6 Form) to HSC Risk Management.

Employee returns to work*, has additional days of temporary disability, resigns, terminates, or has salary change.

*Employee must be given bona fide offer letter when returning to work with restrictions.