

# SUPERVISOR/DEPARTMENT CHECKLIST

## On-the-Job Injury/Illness Reporting

University of Tennessee

### 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)