



WORKERS' COMPENSATION CHECKLIST

This checklist is provided to assist the employee and supervisor in ensuring that an injured employee gets proper medical care and timely pay, as well as assisting to correct unsafe conditions at the University. Should you have any questions, email loaandworkcomp@ucf.edu or contact HR Leave Administration at 407-823-2771.

EMPLOYEE'S RESPONSIBILITY

1. Notify your supervisor immediately and call AmeriSys at 800-455-2079 (*available 24/7*) to report the work-related injury or illness and get further instructions. *The Worksheet to prepare for the AmeriSys call is on page 3.* In addition, go to [Report an Incident](#) complete the UCF Incident Report for Environmental Health & Safety (EH&S). The call and report must be completed regardless of whether medical treatment is needed.
2. Your call to AmeriSys will be answered by their Triage Unit. The Triage nurse will ask you questions and assess your specific situation.
3. **If you are not seeking medical treatment**, no further follow up is needed. If you require medical treatment in the future, you may contact your AmeriSys Nurse Case Manager directly by phone at 800-427-3590, Ext. 1542. Please note that after one year without approved medical treatment, your claim may be closed.
4. **If medical treatment is needed**, you will be directed to a designated medical facility.
5. AmeriSys will generate and forward a First Report of Injury or Illness form (FROI) to you and your Leave and Work Comp Specialist. When received, review it for accuracy.
6. After each medical visit, you must provide a copy of the Florida Workers' Compensation Uniform Medical Treatment/Status Report Form (DWC-25) to your supervisor and Leave and Work Comp Specialist. If additional treatment is required (i.e., x-rays, MRI, referral to a specialist), please contact your AmeriSys Nurse Case Manager directly at 800-427-3590, Ext. 1542.
7. Continue to provide all medical documentation of work status and subsequent changes to your supervisor and Leave and Work Comp Specialist.
8. A medical release from your treating physician is required to return to work.
9. You must continue seeing the Workers' Compensation physician until you are placed at Maximum Medical Improvement (MMI) which means you have completely recovered or have reached the best that your condition will be.
10. If you will be absent from work, due to illness or injury, for more than 10 consecutive business days, the University requires an official leave of absence. *The Leave and Work Comp Specialist will process the Leave of Absence (LOA) and notify you and your supervisor in writing.*
11. All absences related to your injury count towards your entitlement under the Family Medical Leave Act (FMLA), provided you have been employed for one year, have worked at least 1,250 hours in the 12- month period prior to the LOA, and have not previously exhausted your FMLA entitlement.
12. Please review the [Worker Compensation Information](#) section of HR's website. For assistance, please contact HR Leave Administration at 407-823-2771 or via email at: loaandworkcomp@ucf.edu.



SUPERVISOR'S RESPONSIBILITY

1. In a medical emergency, you should arrange for transport of the injured employee to the nearest medical facility or call 911 for emergency assistance. Once you assure the employee's safety, proceed to contact AmeriSys to report the injury.
2. You must call AmeriSys at 800-455-2079 (*available 24/7*), if possible, with the employee present. *The Worksheet to prepare for the AmeriSys call is on page 3.* If the employee's immediate supervisor is unavailable for this call, the next responsible party should call in the incident. In addition to the call, go to [Report an Incident](#) to complete the UCF Incident Report for Environmental Health & Safety (EH&S) preferably with the employee present. The call and report must be completed regardless of whether medical treatment is needed.
3. **If medical treatment is needed**, the employee will be directed to a designated medical facility.
4. **If the employee is not seeking medical treatment**, no follow up is needed. If they require medical treatment in the future, they may contact the AmeriSys Nurse Case Manager at 800-427- 3590, Ext. 1542. Please note after one year without approved medical treatment, the claim may be closed.
5. Please request a copy of the Florida Workers' Compensation Uniform Medical Treatment/Status Report Form (DWC-25) from your employee after each medical visit. These must be forwarded to HR Leave Administration via email (loandworkcomp@ucf.edu) or fax (407-882- 9023).
6. The employee's work status will be determined by the treating physician on the DWC-25.
 - a. *No functional limitations identified, or restrictions prescribed (Line 21):* The employee will return to work to their normal duties as of the date specified on the form.
 - b. *The injured workers' functional limitations and restrictions are so severe that the employee cannot return to work, even at a sedentary level (Line 22):* The employee cannot return to work until medically released by the treating physician.
 - c. *The injured worker may return to work while adhering to the functional limitations and restrictions prescribed (Line 23):* The employee may return to work if they are able to perform their normal duties within the limitations. If an employee cannot perform their normal duties within the limitations, the department must determine if they are able to accommodate the restrictions.
7. If the department is able to accommodate the set limitations, a [Return to Work Plan](#) must be completed and discussed with the employee. Please forward a signed copy of the plan to Leave Administration. Your employee must work within the job restrictions prescribed by the physician.
8. If the department is not able to accommodate the prescribed limitations, please notify HR Leave Administration immediately.
9. If your employee is absent from work, due to illness or injury, for more than 10 consecutive business days, the University requires an official Leave of Absence (LOA). *HR Leave Administration will process the Leave and notify the employee and department in writing.*
10. All absences related to the incident count towards the employee's entitlement under the Family Medical Leave Act (FMLA), provided they have been employed for one year, have worked at least 1,250 hours in the 12- month period prior to the LOA, and have not previously exhausted their FMLA entitlement.
11. Please review the [Worker Compensation Information](#) section of HR's website. For assistance, please contact HR Leave Administration at 407-823-2771 or via email at loandworkcomp@ucf.edu.



Workers' Compensation – New Claim Reporting Worksheet for AmeriSys

All work-related injuries or illnesses must be reported to AmeriSys at 800-455-2079. They are **available 24/7**. If possible, the employee is to be present for the call so the injuries may be triaged and the appropriate medical care provided.

If it is an emergency, call 911 to get immediate medical care for the injured employee, then call AmeriSys at 800-455-2079 to report the incident.

The following information will be requested during the intake call:

Employee Name:

Employee Complete Social Security Number*:

Employee Date of Birth: Employee Sex: Male Female

Employee Home Address:

Employee Mailing Address:

Employee Home Phone Number:

Name and Address of Agency: [UCF, 4000 Central Florida Blvd, Orlando, FL 32816](#)

Agency Casualty Location Code: [0222](#)

Employee Job Title:

Date of Incident (Injury or Illness): Time of Incident (Injury or Illness):

Employee Description of Incident:

Cause of Incident:

Part(s) of Body Affected:

Date the Incident was Reported by Employee:

Date of Employment:

Salary (hourly or biweekly):

Work Address and Phone Number: [12201 Research Pkwy, Suite 200, Orlando, FL 32826](#)

Supervisor Name:

Supervisor Agrees with the description of accident? Yes No

Supervisor Phone Number:

Place of Accident (Street, City, Zip Code):

*The collection of the social security number (SSN) via this report for Form DFS-F2-DWC-1 is specifically authorized by Section 440.185(2), Florida Statutes. The SSN will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The SSN may also be used for any other purpose specifically required or authorized by state or federal law.



Workers' Compensation Leave and Workday

For Time Off accruing employees, UCF offers a special 40-hour benefit (*Workers' Comp-Disability*) to use when they miss work due to a work-related illness or injury.

When supported by a WC physician notice, the Leave and Work Comp Specialist will use *Workers' Comp-Disability* to cover their first 7 days (or 40 intermittent hours) absent following the incident. If the employee returns to work within the first 7 calendar days and has not exhausted the benefit, they may receive the benefit for time missed on the date of the incident. Any remaining hours may be used intermittently for doctor visits, physical therapy, etc. Once the 40 hours are exhausted, the employee must use their accrued Time Off for doctor visits, physical therapy, etc.

If the employee is unable to return to work within the first 7 calendar days following the date of the incident, they shall be eligible for the full 40-hour benefit; however, they may not use it for time missed on the date of the incident.

Beginning on the eighth day of disability, the Division of Risk Management pays two-thirds of their average weekly salary under Workers' Compensation (WC) *directly to the employee*. These WC wages will be recorded in Workday as 5.25 hours (per 8-hour workday) as *Workers' Comp-Risk Management Portion*. The employee is eligible to supplement their WC wages with 2.75 hours of accrued Sick, Annual, or Compensation Time Off. If the employee has no accrued Time Off, the 2.75 hours will be recorded as *Workers' Comp-Unpaid*.

The Leave and Work Comp Specialist will submit the *Workers' Comp-Disability*, *Workers' Comp-Risk Management Portion*, and *Workers' Comp-Unpaid* Time Off hours in Workday for the employee. *Workers' Comp-Risk Management Portion hours are not paid as UCF wages*. Only accrued Time Off, *Workers' Comp-Disability* Time Off, and actual hours worked will be paid through UCF payroll. The employee will continue to accrue Annual and Sick Time Off at the normal rate.

Those employed as student assistants, Other Personnel Services (OPS), or as adjuncts are not eligible for *Workers' Comp-Disability*. The Division of Risk Management payments will begin on the eighth day of disability at a rate of two-thirds the employee's average weekly salary. After 21 consecutive calendar days of authorized absence from work, the employee will be paid retroactively for the first seven days of disability.

Mileage Reimbursement

The injured worker may be entitled to mileage reimbursement for medical care, testing, and prescription pick-up (one trip a day). Reimbursements must be requested via the:

[Division of Risk Management Mileage Reimbursement Form](#).

To request round-trip mileage, the employee must provide full addresses as requested on the form. Risk Management utilizes MapQuest to verify the distance. Mileage reimbursement cannot be submitted for future appointments, only for appointments the employee has attended.

UCF does not process these forms. They should be sent directly to the Division of Risk Management at the address provided at the bottom of the form. Risk Management has 45 days after receipt of properly submitted mileage requests to process the payment. If you have any other questions regarding these forms, you may contact Ms. Sam Walker at 850-413-4808.