



## WORKERS' COMPENSATION CHECKLIST

This checklist is provided to assist the employee and supervisor in being certain 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 [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu) or contact Human Resources Leave Administration at (407) 823-2771.

### INJURED EMPLOYEE'S RESPONSIBILITY

1. Notify your supervisor immediately and report the work-related injury or illness to AmeriSys, then complete the Accident Report (link below). This call and form must be completed regardless of whether medical treatment is needed. Immediately have your supervisor, with you present, call AmeriSys at 800-455-2079 (**available 24/7**) to report the injury and get further instructions. (**Worksheet to call AmeriSys: attached page 3**)  
  
**Accident Report:**  
<https://gritcms.smca.ucf.edu/wp-content/uploads/sites/3/2019/08/UCF-Accident-NearMiss-Report.pdf>
2. Your call will be answered by the AmeriSys 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 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. You must provide a copy of the WC Medical Treatment/Status Reporting Form (DWC-25) to your supervisor after each medical visit. 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.
6. Continue to provide your supervisor with all medical documentation of work status and subsequent changes.
7. A medical release from your treating physician is required in order to return to work.
8. You must continue seeing the Workers' Compensation physician until you are placed at Maximum Medical Improvement (i.e., completely recovered or the best that your condition will be).
9. 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 Administration Section of Human Resources will process the Leave and notify you and your department in writing.**  
  
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 and have worked at least 1,250 hours in the 12-month period prior to the injury or illness.
10. Please review the Workers' Compensation information available on the HR website: (<http://hr.ucf.edu/current-employees/compliance-information/workers-compensation-2/>). Should you need assistance please contact the Leave Administration Section at 407-823-2771 or via email at: [loandworkcomp@ucf.edu](mailto:loandworkcomp@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.



# Human Resources

UNIVERSITY OF CENTRAL FLORIDA

2. You must call in the First Report of Injury to AmeriSys at 800-455-2079 (**available 24/7**), if possible, with the employee present. Injured employees must report the injury and complete an Accident-Incident Report (links provided below) regardless of whether medical treatment is needed. If their immediate supervisor is unavailable to call in the report, the next responsible person should call in injury.

**(Worksheet to call AmeriSys is attached page 3)**

**Accident Report:**

<https://gritcms.smca.ucf.edu/wp-content/uploads/sites/3/2019/08/UCF-Accident-NearMiss-Report.pdf>

Please fax a copy of the Accident Report to Human Resources at 407-882-9023 and Environmental Health & Safety at 407-823-0146 within 24 hours of the injury. AmeriSys will forward the final First Report of Injury from the call.

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 further follow up is needed. If he/she requires medical treatment in the future, they may contact the AmeriSys Nurse Case Manager directly 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 WC Medical Treatment/Status Reporting Form (DWC-25) from your employee after each medical visit. These must be forwarded to the Leave Administration Section via fax (407-882-9023) or email them to: [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu)
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 the 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**, the Return to Work Plan (RTWP) (link provided below) must be completed and discussed with the employee. Please forward a signed copy of the RTWP to the Leave Administration Section. Your employee must work within the job duty restrictions prescribed by the physician.

**Return to Work Plan:** <http://hr.ucf.edu/files/ReturntoWorkPlanForm.pdf>

8. **If the department is not able to accommodate the set limitations**, please notify HR Leave Administration.
9. If your employee 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 Administration Section of Human Resources will process the Leave and notify the employee and the department in writing.**
10. All absences related to the injury count towards the employee's entitlement under the Family Medical Leave Act (FMLA) provided they have been employed for one year and have worked at least 1,250 hours in the 12-month period prior to the injury or illness.
11. Please review the Workers' Compensation information available on the HR website: (<http://hr.ucf.edu/current-employees/compliance-information/workers-compensation-2/>). Should you need assistance please contact the Leave Administration Section at 407-823-2771 or via email at: [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu)



Workers' Compensation – New Claim Reporting Worksheet for AmeriSys

All work-related injuries or illnesses are to be reported to AmeriSys (available 24/7) at the Toll-free number 1-800-455-2079. If possible the employee is to be present for the call so the employee's injuries may be triaged and the appropriate medical care is provided.

If it is an emergency, call 911 to get immediate medical care for the injured employee, then call AmeriSys at 1-800-455-2079 to report the incident.

To Report the work related Injury or illness the following information will be required:

- Employee's Name:
Employee's Complete Social Security Number\*:
Employee's Date of Birth:
Employee's Sex (Male or Female):
Employee's Home Address:
Employee's Mailing Address:
Employee's Home Phone Number:
Name and Address of Agency: UCF, 4000 Central Florida Blvd, Orlando, FL 32816
Agency Casualty Location Code Number: #0222
Employees Class Title:
Date of Incident (Injury or Illness):
Time of Incident (Injury or Illness):
Description of Accident:
Cause of Accident:
Part(s) of Body Affected:
Date the Incident was Reported by Employee:
Employee's Date of Employment:
Employee's Salary (hourly or biweekly):
Employee's Work Address and Phone Number: UCF Human Resources, 3280 Progress Dr #100, Orlando, FL 32816
Employee's Supervisor:
Supervisor Agree 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

Should an employee lose time from work with WC physician notice, the first seven (7) days or forty (40) intermittent hours should be charged to "disability time off". This is paid by the university and should not be charged to the employee's accrued leave. If the employee returns to work within the first seven (7) calendar days and has not used the entire forty (40) hours of disability time off immediately following the date of the accident, s/he may use the disability time off on the date of the accident and may use the remaining disability time off hours intermittently for doctor visits, physical therapy, etc. Once the intermittent disability time off hours are exhausted, the employee must use his/her accrued leave for doctor visits, physical therapy, etc.

If the employee is unable to return to work within the first seven (7) calendar days following the date of the accident, s/he shall be eligible for the full forty (40) hours of disability time off; however, s/he may not use it on the date of the accident.

Beginning on the eighth day of disability, the employee will be paid by the Division of Risk Management two-thirds (2/3) of his/her salary under workers' compensation (WC). WC pays 5.25 hours per day of an 8-hour day. The employee is eligible to supplement his/her WC wages with 2.75 hours of sick leave, annual leave, or accrued compensation time. If the employee has no accrued leave, the 2.75 hours must be recorded as "workers' comp-unpaid". **The Leave and Work Comp Specialist will process the disability time off, workers' comp-risk management portion, and workers' comp-unpaid in workday for the employee.** WC hours are not paid as UCF wages. Only personal time off, disability time off, and actual hours worked will be paid through the UCF payroll when an employee is out on workers' compensation. The employee will continue to accrue annual and sick leave at the full rate.

Those employed as student assistants, Other Personnel Services (OPS), or as adjuncts are not eligible for disability time off. Workers' compensation payments will begin on the eighth day of disability at a rate of two-thirds (2/3) salary. After twenty-one (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 (link provided below). 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 appointments that have not happened yet; only for appointments the employee has actually attended. UCF does not process these forms. They should be sent directly to the Division of Risk Management at the address provided on the bottom of the form.

As a reminder, they have 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.

Link to form: <http://hr.ucf.edu/files/WorkersCompensationMileageClaimForm.pdf>

### HUMAN RESOURCES RESPONSIBILITY

1. Monitor the use of disability time off and notify the Division of Risk Management when the employee has exhausted the first 40 hours of leave. Coordinate all aspects with employee, his/her Department, Risk Management and AmeriSys. Notify Risk Management and AmeriSys of the employee's work status.
2. The Leave and Work Comp Specialist will process the disability time off, workers' comp-risk management portion, and workers' comp-unpaid in workday for the employee. Assist the employee or department with any of the above information via email [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu).
3. If the injured worker will be absent from work for more than 10 consecutive business days, the Leave Administration Section will process the Leave of Absence and notify the employee and department in writing.