

The Office of Risk Management is here to help and has identified best practices to guide you through the process.

## CHECKPOINTS

IS YOUR CURRENT MAILING ADDRESS ON FILE WITH THE UNIVERSITY?



**DID YOU NOTIFY YOUR SUPERVISOR OF THE INCIDENT?** 



## DID YOU FILE A CLAIM?

(c) <u>Complete the DWC-1 Form</u> or contact your supervisor for a copy



## HAVE YOU PARTICIPATED IN A ROOT-CAUSE ANALYSIS?

زن) You may be asked to respond to inquiries by your supervisor, Risk Management, and/or Environmental Health & Safety



Send the Office of Risk Management your health provider's statement certifying your work-related illness or injury, your inability to work, and the expected duration of your leave

 If you have questions on how to enter time-off, email payroll services at payroll@csusb.edu or call (909) 537-5159.

## DID YOU ATTEND ALL MEDICAL APPOINTMENTS?

زَنْ الله your medical appointments changed, notify your supervisor and the university's Workers' Compensation Specialist

 Medical appointments are not covered, and will have to use personal sick time. Vacation time is also not covered by Workers' Compensation.

DO YOU KNOW WHAT BENEFITS YOU ARE ELIGIBLE FOR?

**Contraction Insurance** 



QUESTIONS? Email <u>riskmanagement@csusb.edu</u> or call (909) 537-5179.