

SUPERVISOR'S RESPONSIBILITY

IN CASE OF WORK RELATED INJURY OR ILLNESS

**Call TravCARE Nurseline
(855) 385-6037**

Workers' Compensation Administrator

Jose Lozano

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INJURED EMPLOYEE'S RESPONSIBILITY

Reports injury
to supervisor.

SUPERVISOR'S RESPONSIBILITY

1. **Call the TravCARE Nurse Line at (855) 385-6037.**
2. Provides employee with Workers' Compensation Packet.
3. Supervisor completes the Supervisor's Report of Occupational Accident.
4. If employee requests medical treatment, Supervisor is to complete employer's portion of the DWC-1 form upon receipt from the injured employee.
5. Supervisor gives employee a copy of the completed DWC-1 form and forwards the Supervisor's Report of Occupational Accident, Employee's Report of Occupational Accident, DWC1 form, MPN Acknowledgement and Salary Continuation form to the HR/WC Administrator within 24 hours.
6. If an employee is involved in a traffic collision that has occurred during the course of their job duties, a report must be completed and forwarded to Risk Management.