



Administrative Procedure WCK-P034
SITE FILING FOR WORKER'S COMPENSATION CLAIM

Responsible: Office of Human Resources, Risk Management Department

PURPOSE

This administrative procedure describes the process for handling requirements for site filing of Worker's Compensation claims at the Washoe County School District ("District").

PROCEDURE

1. The employee with an on-the-job injury must report and complete the C1 Form (Employees Notice of Injury or Occupational Disease Form) within **seven (7) days** of the date of injury to his/her supervisor. It is the employee's responsibility to notify his/her supervisor if he/she has chosen to seek medical treatment.
 - a. The C1 Form must be completed and signed by the injured employee and their supervisor.
 - i. The employee keeps the yellow copy of the C1 Form.
 - b. The C1 Form must be forwarded to the supervisor for signature. In the supervisor's absence, the site secretary can sign the forms.
2. It is the supervisor's responsibility to provide the injured employee with the C1 Form.
3. The **supervisor** must complete the C3 Form (Employers Report of Industrial Injury or Occupational Disease Form), sign and forward with the completed and signed C1 Form to the Risk Management Office, immediately.
 - a. If the C1 Form has not been returned to the supervisor, the supervisor must forward the C3 Form within **seven (7) days** of said injury to the Risk Management Office.
4. If the employee has chosen to seek medical treatment, the medical caregiver and employee will need to complete a C4 Form (Physician's Report Form).
 - a. The C4 Form must be forwarded to the Risk Management Office from the Doctor or Medical Facility within **three (3) days** of the date of the visit.
 - b. The employee is responsible to inform the supervisor of his/her medical status each and every time the employee is seen by a medical care giver and provide the supervisor with a copy of his/her current limitation(s).
5. **To avoid penalty, the C3 and C1 must be completed and mailed to the Risk Management Department within six (6) working days from the date**

of the injury, if the injured worker has sought medical treatment. If they have not sought medical treatment, the paperwork is due the Risk Management Department within 7 days from the date of the injury.

6. It is the supervisor's responsibility to contact the Risk Management Department immediately if the supervisor is unable to comply with the injured employee's restriction(s).
7. When the Risk Management Department is in receipt of the C1, C3 and C4 see WCK-P030 Processing Worker's Compensation Claims Procedure.

IMPLEMENTATION GUIDELINES & ASSOCIATED DOCUMENTS

1. This Administrative Procedure reflects the goals of the District's Strategic Plan and aligns/complies with the governing documents of the District, to include:
 - a. Board Policy 7300, Risk Management
 - b. C1 Form (Employees Notice of Injury or Occupational Disease Form)
 - c. C3 Form (Employers Report of Industrial Injury or Occupational Disease Form)
 - d. C4 Form (Physician's Report Form)
 - e. Processing Workers' Compensation Claims Procedure (WCK-P030)

REVIEW AND REPORTING

1. This procedure will be reviewed as part of the bi-annual audit of the District's governing documents.

REVISION HISTORY

Date	Revision	Modification
12/27/2005	A	Adopted as CSI Procedure
8/18/2006	B	Revised
9/05/2007	C	Revised
11/17/2016	v1	Revised: converted to administrative procedure