

WORKERS' COMPENSATION PROCESS

Worker's Comp Contact:

phone: 402-472-8414 | fax: 402-472-6803 (fax) | e-mail: workerscomp@unl.edu

TO BE COMPLETED BY SUPERVISOR:

1. Notification of injury (within **24 hours** of incident):
 - Send an e-mail to the Director/State Forester (jerixson2@unl.edu) and NRBC HR (lmasek2@unl.edu) ; Please copy your Bureau Chief & Deputy Director (sjara2@unl.edu) on the e-mail.
2. Forms for supervisor to e-mail within **24 hours** to workerscomp@unl.edu (copy the Director/State Forester, Deputy Director and Bureau Chief on the e-mail):
 - **First Report of Occupational Injury or Illness form:**
 - a. This asks for important information concerning the employee, employment status, and when and how the accident happened. (Complete only the **Employee** and **Occurrence/Treatment** sections.)
 - **Supervisors Incident Analysis Report:**
 - a. This form requests information from the Supervisor on how the injury was caused and future prevention of the injury.
3. Send **UNL workability form** (i.e. Release to Return to work) to injured staff member within **24 hours** of injury:
 - **PLEASE NOTE:** A completed workability form must be on file with the Director/State Forester before the staff member is able to return to work.

TO BE COMPLETED BY EMPLOYEE: Please send completed forms below to workerscomp@unl.edu

1. **Employee Incident Report:** This form requests more specific information on the injuries that the employee sustained. Please note: workerscomp@unl.edu will need this form at the earliest possible convenience to file the injury claim.
2. **Employee's Choice or Change of Doctor:** This form allows the employee to see a doctor of their choosing or if they need to change to a different doctor.
3. **7 Day Waiting Period Acknowledgement:** This form allows the employee to see a doctor of their choosing or if they need to change to a different doctor.
4. **HIPAA release Form:** This gives permission for our Worker's Compensation carrier to request records and speak to the treating doctor(s) about the employee's work injury only. When completing the HIPAA Release form, leaving the section pictured below blank.

Information to be released from:	
Name of Designated Facility or Provider	
Address	
City, State, Zip Code	Phone Number

5. **Witness Statement Form:** This form must be completed by anyone that may have witnessed the injury incident
6. **Workability Form:** To be completed by Attending Physician. Please have your doctor complete the workability form (i.e. Release to Return to Work form) and submit the completed form prior to your first day back to work to the Director/State Forester (please copy your Direct Supervisor, Bureau Chief and Deputy Director on the e-mail).

ADDITIONAL RESOURCES

- [UNL HR Risk Management](#)
- [Employee Assistance Program](#)