

**UNIVERSITY OF NORTH DAKOTA
WORKERS COMPENSATION PROCESS
5/28/2014**

Process	Employees	Supervisor	Safety/Claims Management	WSI	UND Payroll
Emergency Incident requires medical attention	<ul style="list-style-type: none"> ▪ If the injury is an emergency, inform your supervisor and report to an emergency treatment facility. ▪ If an ambulance is needed, dial 911 IMMEDIATELY. ▪ Initial emergency care is exempt from Designated Medical Provider (DMP) requirements. ▪ Notify UND Safety immediately regarding severe injuries that require ambulance response at 777-3341. ▪ See incident reporting process 	<ul style="list-style-type: none"> ▪ Assist injured worker as appropriate. ▪ May accompany the injured worker when they initially seek medical attention. ▪ See incident reporting process 			
Medical needed, not an emergency	<ul style="list-style-type: none"> ▪ Notify supervisor of incident/injury immediately. ▪ Schedule medical appointment following Designated Medical Provider guidelines. ▪ See incident reporting process 	See incident reporting process			
Designated Medical Provider(DMP) Guidelines	<ul style="list-style-type: none"> ▪ Must follow UND DMP guidelines. ▪ Altru Occupational Health at 780-1546 or a DMP where it has been identified in writing pre-injury. ▪ Contact UND Safety if unsure of DMP designation at 777-3341. 	Remind injured worker of need to follow DMP guidelines.	Maintain DMP database.		

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Incident Report	<ul style="list-style-type: none"> ▪ Complete an Incident Reporting Form within 24 hours of injury. ▪ Complete a report for all incidents with or without medical attention. ▪ Reporting form located online at http://und.edu/finance-operations/environmental-health-and-safety/ 	<ul style="list-style-type: none"> ▪ Complete an Incident Investigation Form within 24 hours for every incident report received. ▪ Reporting form located online at http://und.edu/finance-operations/environmental-health-and-safety/ 	<ul style="list-style-type: none"> ▪ Review all incident reports. ▪ File work-related injuries. ▪ Contact injured worker regarding the signing of their claim. ▪ Give injured worker claim number. ▪ Review Claims Management Checklist with injured worker. ▪ Mail signed claim to WSI. 	Workforce Safety & Insurance determines compensability.	
Claims Management & Time Loss Claims	<ul style="list-style-type: none"> ▪ Call claim # to medical provider. ▪ Inform medical provider that UND has transitional/modified work. ▪ Provide Workability form to supervisor. ▪ Follow restrictions 24 hours a day. ▪ Communicate with supervisor & Safety throughout recovery. ▪ Injured worker will be informed of acceptance or denial from WSI in the mail. ▪ 30 days to appeal WSI decision. ▪ Provide information as 	<ul style="list-style-type: none"> ▪ Send all Workability forms to UND Safety. Fax: 777-4132 ▪ Maintain consistent communication with UND Safety. ▪ Inform UND Safety of referrals, tolerance issues, or other concerns. ▪ Ensure injured worker uses sick leave for all doctor/therapy appointments. ▪ Establish modified job tasks with consult from UND Safety. ▪ Get Workability from employee after each appointment. ▪ Inform UND Safety of any absence when injured worker is 	<ul style="list-style-type: none"> ▪ Liaison with medical provider, WSI, employee, and supervisor. ▪ Safety faxes Workability Forms to WSI after receiving from supervisor. ▪ Communicates with WSI regarding Time Loss Benefits. ▪ UND Safety informs Payroll of time loss claim. ▪ UND Safety 	<ul style="list-style-type: none"> ▪ WSI determines compensability after review of medical documentation. ▪ Compensability decision mailed to injured worker and UND Safety. ▪ Determines if claim qualifies for time loss benefits. ▪ Sends forms to be completed to injured worker and UND Safety regarding days left and returned to 	<ul style="list-style-type: none"> ▪ When informed of time loss, Payroll will be in contact with injured worker. ▪ Complete Time Loss form regarding wage information and forward to WSI.

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	<p>appropriate throughout recovery.</p> <ul style="list-style-type: none"> ▪ Employee must submit leave forms for period of absence in a timely manner. 	<p>on restrictions.</p> <ul style="list-style-type: none"> ▪ If injured worker has toleration difficulty with modified tasks, supervisor must inform employee to return to medical provider for an evaluation on restrictions. ▪ Inform UND Safety of any change in status or change in restrictions. 	<p>contacts supervisor about dates of work lost.</p> <ul style="list-style-type: none"> ▪ Complete Time Loss Form and forward to Payroll. ▪ Establish formal transitional job offer when indicated. ▪ Follow State guidelines for temporary transitional duty assignments. 	<p>work.</p>	
<p>Employee Payment Reimbursement Process</p>	<ul style="list-style-type: none"> ▪ Employee will receive payment from WSI equal to approximately 2/3 of their regular salary for a portion or the entire time the employee was absent due to the injury. ▪ Employee must provide Payroll Office with a copy of each WSI Benefit Summary Statement they receive. ▪ Employee deposits or cashes the check from WSI. ▪ Employee cannot receive more than their regular wage during days missed from an injury. ▪ Employee will receive a Notification of Payroll Deduction for WSI Adjustments Form. 	<ul style="list-style-type: none"> ▪ Employer should refer any questions from WSI regarding employee's salary to the Payroll Office. ▪ Supervisor should notify the employee, in writing, that the time loss will be FMLA leave. ▪ Employee will be reimbursed approximately 2/3 of the employee's regular salary from WSI and 2/3 of the leave taken will be reinstated. ▪ Refer any questions from WSI regarding employee's salary to the Payroll Office at 777-2157. ▪ The department will notice a salary savings of an amount equal to the WSI payments, as the Payroll Office reduces the 	<p>Continue to work with employee, supervisor, Payroll, and WSI until injury is resolved.</p>		<ul style="list-style-type: none"> ▪ Payroll Office will track leave and respond to any inquiries regarding the employee's leave and salary from WSI. ▪ Payroll Office will prepare a Notification of Payroll Deduction for WSI Adjustments Form, based on the amount of the time loss checks that the employee receives WSI. ▪ Employee will be

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	<ul style="list-style-type: none"> ▪ This form will notify the employee of a deduction equal to the amount of the WSI check will be taken from their next paycheck. ▪ Employee should use the proceeds from the cashed WSI time loss check to make up the amount deducted. ▪ Employee will see a reinstatement of sick leave equal to the amount of the time loss payment deducted from the employee's paycheck, divided by the hourly wage. ▪ Approximately 2/3 of the total leave taken for an injury time loss claim will be reinstated. 	<p>employee's future paycheck(s) equal to an amount of the WSI payment(s).</p> <ul style="list-style-type: none"> ▪ The employer will see a reinstatement of sick leave accrual to the employee, equal to the amount of the time loss claim, divided by the hourly wage of the employee. ▪ Supervisors should be aware that approximately 1/3 of the total leave taken will not be reimbursed. ▪ If employee is running out of leave, please contact Human Resources to request donated leave. 			<p>asked to sign the form to indicate their understanding of the future reductions of their check(s) equal to the amount of the time loss payment(s).</p> <ul style="list-style-type: none"> ▪ Payroll Office reduces the employee's checks by the agreed amount per paycheck that will equal the amount of the time loss payment(s) that the employee received. ▪ The reduction in pay will buy back the equivalent amount of leave (amount of reduction divided by hourly wage, number of leave hours reinstated). ▪ Payroll Office will reinstate this leave to the employee's leave accrual

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