

# **Workers' Compensation Legal Requirements and Claims Administration**

## **1. GENERAL**

The Texas A&M University System (the System) Workers' Compensation Insurance (WCI) Program provides medical expense coverage and, where applicable, weekly compensation payments for employees who incur injuries or occupational diseases as a result of and in the course and scope of their employment. All employees whose names appear on the payroll of the System are covered under the program at no personal expense. The injured employee's exclusive remedy for injury in course and scope of employment are only those provided by The Texas Workers' Compensation Act.

## **2. REQUIREMENTS**

The Employer's First Report of Injury or Illness form is required by the System in all cases when an employee reports or makes known an injury or acquires an occupational disease in the course and scope of employment.

- 2.1 Each component shall establish procedures to maintain a record of each employee injury as reported by an employee or otherwise made known to the component. The record shall be available to The Texas Workers' Compensation Commission and The Texas A&M University System's Office of Risk Management and Safety at reasonable times and under conditions prescribed by the Commission and the Office of Risk Management and Safety. The component shall retain a record of an injury until the expiration of five years from the last day of the year in which the injury occurred.
- 2.2 Each component shall establish procedures to report to the Risk Management and Safety office within two (2) calendar days of receipt of notice or knowledge each occupational disease, each work-related death, and each injury that results in more than one day's absence from work. Electronic transfer with follow-up written documentation is acceptable. If the incident occurs on the day prior to a holiday or weekend, the report must be received by the Office of Risk Management and Safety on the next working day following the holiday or weekend.
- 2.3 Each component shall establish a procedure to immediately notify the Director of Risk Management and Safety in the event of critical illness or injury (e.g., requiring hospitalization) or death, followed by a completed copy of the First Report of Injury or Illness form.

### 3. REQUEST FOR PAID LEAVE

Each component shall establish a procedure that allows an eligible employee to elect to use some or all of the employee's accrued leave in lieu of receiving weekly WCI payments. The component is prohibited from requiring the use of paid leave to cover time lost. Any other types of leaves that provide wage replacement for lost time are prohibited. Therefore, the Request for Paid Leave form is used to verify whether the employee has chosen to use paid leave or to receive weekly WCI payments.

- 3.1 Components shall establish procedures for completing and forwarding the Request for Paid Leave form to The Texas A&M University System's Office of Risk Management and Safety as soon as an injured employee begins to lose time due to a work-related injury.

### 4. EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

The Employer's Supplemental Report of Injury form is required by the System in all cases to account for any period of lost time from work for which the injured employee might be entitled to compensation payments that have not been accounted for on the Employer's First Report of Injury or Illness.

- 4.1 Components shall establish procedures for completing and filing an original Supplemental Report of Injury form with The Texas A&M University System's Office of Risk Management and Safety and for submitting a copy to the injured employee. Components shall maintain a record of the date the supplemental report is filed with the Office of Risk Management and Safety and the date a copy is provided to the injured employee.

Supplemental reports must be filed with the Office of Risk Management and Safety and the injured employee within three calendar days after the occurrence of any one of the following events:

- 4.1.1 The injured employee returns to work after having lost time from work
- 4.1.2 The injured employee, after returning to work, experiences an additional day or days of disability as a result of the injury

The supplemental report must be filed with the Office of Risk Management and Safety and the injured employee within 10 calendar days of any one of the following events:

- 4.1.3 The injured employee has a change in earnings as a result of the work-related injury
- 4.1.4 The injured employee resigns or terminates employment

- 4.2 Components shall establish procedures for submitting the Supplemental Report of Injury form as often as necessary to report subsequent time losses or returns to work. It is important that the Supplemental Report of Injury be filed any time an employee returns to work.

## 5. EMPLOYER'S WAGE STATEMENT

The Employer's Wage Statement provides the information necessary to properly calculate the employee's average weekly wage. An employee's average weekly wage is the basis for the calculation of the compensation rate. An Employer's Wage Statement form is required whenever the employing department knows or should know that an injured employee is disabled or will be disabled more than eight days cumulatively due to a work related injury and is unable to perform normal work duties.

- 5.1 Components shall establish procedures to file the Employer's Wage Statement with both the Risk Management and Safety office and the injured employee within 30 calendar days from the eighth day of disability.

## 6. FURTHER INFORMATION

Components may obtain the Workers' Compensation Procedure and Management Standard with step-by-step instructions for completing required forms from the Risk Management and Safety office. Components may also request WCI Training Workshops from the Risk Management and Safety office. For individual component requirements, employees should contact their workers' compensation insurance liaison.

\*\*\*\*\*

Contact for Interpretation	Office of Risk Management and Safety
History	New standard; replaces regulation 24.01.30
Recommendation	<hr/> Chair, Risk Management and Safety Council
Legal Sufficiency	<hr/> General Counsel
Approval	<hr/> Director of Office of Risk Management and Safety