

Workers' Compensation Claim Forms Cheat Sheet for School Districts

First Report of Injury: DWC 1/IA-1/FROI

This form must be completed on ALL incidents reported to management (Human Resources, Benefits, principals, secretaries, supervisors, nurses, etc.). When any of these people know of an incident, a FROI must be filed and kept with the Employer for **5 years from the last day of the year** in which the injury occurred.

- FROI must be filed with the TASB Risk Management Fund **within 8 days** on the following claims:
 - Employee lost more than one (1) day of time
 - Injury reported is an Occupational Disease. Occupational disease means a disease arising out of and in the course of employment that causes damage or harm to the physical structure of the body, including a repetitive trauma injury. These must be filed regardless of lost time.
 - Death of an employee from a work related injury or illness
 - Employee seeks medical treatment for an injury on the job
- *Please notify the TASB Risk Management Fund anytime an employee collapses while at work.*

Supplemental Report of Injury: DWC-6

This is a multi-purpose form to be completed when work or earnings status changes from the FROI. (*Please note boxes 6-9 should be checked YES and date is "Ongoing"*).

- Employee elects to use available leave for waiting period and/or lost time – File ASAP **no more than 10 days**: Complete boxes 1-9, 10B, 11-14, 15, 21, and complete the Post Injury Earnings Worksheet on page 2
- Employee has returned to work – **Due within 3 days**: Complete boxes 1-9, 10A, 11-15, and 18
- Employee has started losing time – **Due within 3 days**: Complete boxes 1-9, 10C, 11-14, 15 if applicable, and/or 16
- Employee resigns or is terminated – **Due within 10 days**: Complete boxes 1-9, 10D, 11-14, and 19
- Employee is working partial days or a different job earning different wages on restricted duty – **Due every 10 days**: Complete boxes 1-9, 10B, 11-14, 20, 21, and the Post Injury Earnings Worksheet on page 2



Employers' Wage Statement: DWC3-SD

Due **within 30 days** of the earliest from:

- Employee's 8th day of disability
- Date employer is notified employee is entitled to benefits
- Date of the employee's death as a result of a compensable injury

**THE WAGE STATEMENT SHOULD BE FILED AS QUICKLY AS POSSIBLE
ONCE BENEFITS ARE DUE IN ORDER TO AVOID OVER OR UNDER
PAYMENTS!!**

- **Contract Employees:** Include total amount of contract including any stipends the employee was earning or scheduled to receive, and any amount of TRS supplement the employee received in his/her paycheck. Be sure to include the number of days for current school year.
- **Non-Contract Employees: SCHOOL DISTRICTS MAY NOT USE PRO RATED PAY PERIODS.** (If employee is paid out over a 12-month period, these are wages paid and may not be used.) **Report wages earned in a week.** Determine the average daily rate (the amount deducted if employee was absent from work without leave time available) and multiply by the number of days scheduled to work that week.
 - Count any sick or vacation days used during that period
 - Do not count holidays, days not scheduled to work, or any leave without pay
 - You must report number of hours worked each week, include overtime hours and pay
 - If reporting monthly, use three (3) months prior, not including month of injury. (Use full month – first through the last day of month.) Biweekly must be true 14-day period and can be adjusted no more than six (6) days prior to date of injury.
- **Annual wages must be completed for all employees.** Count the number of days worked each month and multiply that number by the daily rate. (*Don't forget to watch for changing daily rates!*) Use full months – from the first to the last day of the month. You must show the 12 months preceding the date of injury, not including the month of the injury.

For further examples or instructions, please contact Laura Romaine, Claims Consultant, at 800.482.7276, ext. 8402 or laura.romaine@tasb.org.



Workers' Compensation Claim Forms Cheat Sheet for Non-School Districts

First Report of Injury: DWC-1/IA-1/FROI

This form must be completed on ALL incidents reported to management (Human Resources, Benefits, secretaries, supervisors, nurses, etc.). When any of these people know of an incident, a FROI must be filed and kept with the Employer for **5 years from the last day of the year** in which the injury occurred.

- FROI must be filed with the TASB Risk Management Fund **within 8 days** on the following claims:
 - Employee lost more than one (1) day of time
 - Injury reported is an Occupational Disease. Occupational disease means a disease arising out of and in the course of employment that causes damage or harm to the physical structure of the body, including a repetitive trauma injury. These must be filed regardless of lost time.
 - Death of an employee from a work related injury or illness
 - Employee seeks medical treatment for an injury on the job
- *Please notify the TASB Risk Management Fund anytime an employee collapses while at work.*

Supplemental Report of Injury: DWC-6

This is a multi-purpose form to be completed when status changes from the FROI. (*Please note boxes 6-9 should be checked YES and date is "Ongoing"*).

- Employee elects to use available leave for waiting period and/or lost time – File ASAP **no more than 10 days**: Complete boxes 1-9, 10B, 11-14, 15, 21, and complete the Post Injury Earnings Worksheet on page 2
- Employee has returned to work – **Due within 3 days**: Complete boxes 1-9, 10A, 11-15, and 18
- Employee has started losing time – **Due within 3 days**: Complete boxes 1-9, 10C, 11-14, 15 if applicable, and/or 16
- Employee resigns or is terminated – **Due within 10 days**: Complete boxes 1-9, 10D, 11-14, and 19
- Employee is working partial days or a different job earning different wages on restricted duty – **Due every 10 days**: Complete boxes 1-9, 10B, 11-14, 20, 21, and the Post Injury Earnings Worksheet on page 2



Employers' Wage Statement: DWC-3

Due *within 30 days* of the earliest from:

- Employee's 8th day of disability
- Date employer is notified employee is entitled to benefits
- Date of the employee's death as a result of a compensable injury

***THE WAGE STATEMENT SHOULD BE FILED AS QUICKLY AS POSSIBLE
ONCE BENEFITS ARE DUE IN ORDER TO AVOID OVER OR UNDER
PAYMENTS!!***

- Complete both pecuniary (wages) and non-pecuniary (fringe benefits) areas of the form
- A Same or Similar Employee has training, experience, skill, and wages comparable to the injured employee **and** performs comparable tasks in nature and in number of hours
- A subsequent wage statement must be filed **by the 7th day** after employer discontinues providing a non-pecuniary wage that was initially continued after date of injury

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