



CSUMB EMPLOYEE REPORT OF WORK ILLNESS/INJURY

For Employees, Volunteers and Student Assistants

Name: _____ Employee ID: _____ Department: _____

Working Title: _____ Supervisor's Name: _____

Work Telephone: _____ Home Telephone: _____ Date and Time of Accident/Injury or Onset of Illness: _____ Time You Began Work on day of Incident/Illness: _____

Last Day Worked prior to Incident/Illness: _____ Location of Incident/Illness: _____

Building Name: _____, Number and Street: _____, City: _____, and

State: _____ Date of Injury: _____ Time of Injury: _____ Task Being Performed When the

Incident/Illness Occurred: _____

Incident/Illness Reported to: _____ Date and Time: _____

Describe How the Incident/Illness Occurred: _____

Part(s) of the Body Injured/Affected: _____

Before this Incident/Illness, did you ever suffer from any related injury or disease? Yes No If yes, provide details: _____

Date and time that you sought medical attention: _____

Name and Address of Doctor and/or Hospital: _____ Have you

returned to work at CSUMB or organization/service site? Yes No If yes, on what date? _____

Witness(es): _____

What action, if any, can be taken to prevent this type of injury/incident? _____

I do I do not want to file for Workers' Compensation benefits or seek medical treatment at this time.

(Explanation of Workers' Compensation On Reverse Side)

Signature: _____ Date: _____ *Any person who makes or causes to be made any knowingly false or fraudulent statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.*

Please provide this Form to your Supervisor after completion and contact Human Resources within 24 hours of your injury so that access treatment can be facilitated, (831) 582-3389, leaves@csumb.edu.

Workers' Compensation

What is Workers' Compensation?

Workers' Compensation is an employer-paid benefit program that provides medical benefits if you are injured or become ill due to a work/volunteer related circumstance. In addition, if you are unable to work and lost wages, your employer provides continued salary or compensation to help replace lost wages until you are able to return to work.

What does the benefit cover?

Any injury or illness is covered if it is caused by your job/volunteer service. This includes serious injuries as well as first aid injuries. Under Workers' Compensation law, you will receive help if you are injured, no matter who was at fault. Some injuries (e.g., most off-duty recreational activities) may not be covered through the workers' compensation program. CSU's third party claims administrator, Sedwick CMS, will determine eligibility for benefits.

If I am injured/ill, and want to file a Workers' Compensation Claim, What do I do? Immediately report the job-related injury or illness to your supervisor. He or she will give you a Report of Accident/Incident/Illness to complete on which you will describe your injury and how, when and where it occurred. Return the completed form to your supervisor or campus claims coordinator (Human Resources, 100 Campus Center, Tide Hall, Seaside, CA 93955 (831) 582-3389 or email leaves@csumb.edu). The campus claims coordinator will have you complete an Official Claim Form and will give you a completed and signed copy and send the remainder to Sedgwick CMS. Someone from Sedgwick will get in touch with you to interview you and explain the benefits you will be receiving if the claim is accepted.

Your supervisor or campus claims coordinator will also arrange for authorized medical treatment and complete the necessary reports. You must furnish your supervisor or Claims Coordinator with a doctor's written work status report prior to resuming your duties. Insure your right to benefits by immediately reporting every work related incident, injury or illness. ***Any delay in reporting may delay or bar your workers' compensation benefits.***

Further, you may not be able to receive benefits if you don't file a claim within one year of the date of injury, the date you knew the injury was work-related or the date when benefits were last provided. To be sure you retain your benefit rights, report every injury immediately and request a claim form for any injury other than in a first aid circumstance.

For further information please contact:

Human Resources
100 Campus Center, Tide Hall, Bldg. 23
Seaside, CA 93955
(831) 582-3389
Leaves@csumb.edu