

STANDARD ADMINISTRATIVE PROCEDURE

24.01.01.M1.01 Workers' Compensation Insurance

Approved December 3, 1998

Revised January 12, 2009

Revised June 10, 2009

Next Scheduled Review: June 10, 2012

Standard Administrative Procedure Statement

This SAP provides the process for proper administration of the Worker's Compensation Insurance Program at Texas A&M University.

Procedures and Responsibilities

1. EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS FORM

- 1.1 The [Employer's First Report of Injury or Illness form](#) is required by Texas A&M University in all cases when employees who are on the payroll suffer an injury or acquire an occupational disease in the course and scope of their employment.
- 1.2 The Employer's First Report of Injury or Illness form should be faxed or delivered to Human Resources, Workers' Compensation hereafter referred to as the Workers' Compensation Office, within 24 hours of any report to an employing department or unit for an injury or occupational disease sustained by an employee in conjunction with the employee's work assignment.
- 1.3 The Workers' Compensation Office must report any injury which results in the employee's absence from work for more than one day and any occupational disease to the Texas Workers' Compensation Commission (TWCC).
- 1.4 If the Employer's First Report of Injury or Illness form for an injury resulting in more than one day of lost time or for an occupational disease is not filed with the Workers' Compensation Office within eight days of the employer's having had notice of injury or occupational disease, fines may be levied against the Texas A&M department by the TWCC.
- 1.5 In the event of critical injury or death, immediate telephone notification should be given to the Workers' Compensation Office, followed by a completed copy of the Employer's First Report of Injury or Illness form.

2. REQUEST FOR PAID LEAVE FORM

- 2.1 The Request for Paid Leave form allows employees who have been injured on the job to elect to remain on the payroll and use some or all of their accrued leave in lieu of receiving weekly Workers' Compensation Insurance (WCI) payments. The employer is prohibited from requiring the use of paid leave to cover time lost. 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 benefits.
- 2.2 The Request for Paid Leave form should be completed and forwarded to the Workers' Compensation office as soon as an injured employee begins to lose work time due to a work-related injury.
- 2.3 The Request for Paid Leave form contains information about the Family Medical Leave Act (FMLA).

3. SUPPLEMENTAL REPORT OF INJURY

- 3.1 An employing department must file a Supplemental Report of Injury form with the Workers' Compensation Office within 24 hours after the occurrence of any one of the following events:
 - 3.1.1 The employee returns to work and then starts to lose time again because of the same injury.
 - 3.1.2 When the employee has an increase or decrease of earnings during the time the employee is entitled to temporary income benefits.
 - 3.1.3 The injured employee returns to work after having lost time from work.
 - 3.1.4 The injured employee resigns or is terminated.
- 3.2 A Supplemental Report of Injury form should be submitted as often as necessary to report subsequent time losses or returns to work. It is important that the Supplemental Report of Injury form be filed any time an employee returns to work following an absence due to work-related illness or injury.

4. EMPLOYER'S WAGE STATEMENT

- 4.1 A completed Employer's Wage Statement form is required whenever the employing department knows or should know that an injured employee has missed or will miss more than eight days of work due to a work-related injury. The Workers' Compensation office is required to file the Employer's Wage Statement form with both the System Office of Risk Management and the employee.

5. FMLA REQUIREMENT

- 5.1 The responsible department is required to notify Human Resources, [Employee](#)

[Support Services](#), and EAP/Occupational Health Office when the employee's FMLA terminates.

Related Statutes, Policies, and Regulations

Policy 24.01: *Risk Management*

<http://tamus.edu/offices/policy/policies/pdf/24-01.pdf>

Regulation 24.01.01: *Workers' Compensation Insurance Program*

<http://tamus.edu/offices/policy/policies/pdf/24-01-01.pdf>

Rule 24.01.01.M1: *Workers Compensation Insurance*

<http://rules-saps.tamu.edu/PDFs/24.01.01.M1.pdf>

Contact Office

For information on clarification contact [Human Resources, Total Compensation](#) at (979) 845-4170 or by email at hrcompbenefits@tamu.edu.

OFFICE OF RESPONSIBILITY: [Human Resources](#)