

Reporting a Work-Related Injury

If you are injured while performing your job:

1. Notify your supervisor immediately. You/your supervisor must then contact the UF Workers' Compensation Office (UFWC) at 392-4940 or SC622-4940. UFWC will complete a First Report of Injury or Illness form for you. Even if you do not think you need medical care, you should contact UFWC to discuss your injury.
2. If you require medical attention, contact UFWC prior to going to a medical care provider. UFWC staff will assist you in selecting an authorized medical care provider to treat your injury, thereby insuring that you do not incur any expenses.
3. Remember - You must seek treatment only from an authorized medical provider in all cases except an emergency. If you are uncertain as to what procedures to follow, please contact the UF Workers' Compensation Office for assistance.
4. When you arrive at the authorized medical provider's facility, be prepared to show proof of identification.
5. Provide both your supervisor and UFWC with medical documentation of your initial work status and any subsequent changes to it. Your authorized medical care provider must support, in writing, all injury-related time away from work.
6. Contact your supervisor daily or according to a schedule established by your supervisor in order to keep him/her informed about your current work status, on-going treatment and prognosis for recovery.
7. You must attend all of your scheduled medical appointments. Failure to do so may result in disciplinary action up to and including termination.
8. Read UF's modified duty program statement. Once your medical provider has released you to return to work, regardless of the limitations or restrictions the medical provider assigns, you must be willing and available to return to the workplace.

Contact the Workers' Compensation Office:

1. If you are uncertain as to which medical care providers are authorized providers.
2. If you are unable to attend a scheduled medical appointment.
3. For assistance with recording your time and/or leave for doctor appointments, leaves of absence and when you are receiving workers' compensation salary benefits.
4. For assistance if you have concerns related to your claim or require additional medical attention.
5. If your work unit does not provide you with modified duty work.

Remember: According to the Family and Medical Leave Act (FMLA), absence from work due to a work-related injury or illness will count toward your FMLA entitlement.

Verify that a copy of the above was provided.

Employee Signature: _____

Date: _____