

IN CASE OF AN ON THE JOB INJURY

A WORKERS' COMPENSATION CLAIM MUST BE FILED

1. Contact Company Nurse to report an injury 1-833-686-5119 and use code STUSD.
2. Report to your Supervisor in order to obtain the necessary forms to complete.
3. Forms to be completed:
 - DWC1 Claim Form: Employee to complete the top portions numbers 1-9
 - Workers' Compensation Supplement
4. Original forms are to be sent via interoffice mail to Risk Management.
5. Company Nurse will refer you to a District designated medical facility for treatment.
6. Injured worker must provide Risk Management with a doctor's note prior to return to work. The Risk Management Office, in conjunction with a supervisor, will determine whether modified work is available for physical restrictions imposed by the physician.
PLEASE NOTE: It is District policy that modified work is provided whenever possible.

Please reach out to the Risk Management Department if you have any questions or concerns.

Stockton Unified School District
56 South Lincoln Street
Stockton, CA 95203
(209) 933-7110
Fax: (209) 933-6526