

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.
7. Workers' Compensation Leave (OJI) is for a full day of missed work with a corresponding doctor's note taking you off of work. The Work Comp Administrator must also approve the claim as well as the time off of work for any missed time from work to be coded to OJI leave. Time missed during regular work hours to attend medical appointments will be coded to sick leave.

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

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